

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142834

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: ABC THERAPIES OF FLORIDA, INC.

**Current Principal Place of Business:**

890 NORTHERN WAY  
SUITE E  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 195428  
WINTER SPRINGS, FL 32719 US

**New Mailing Address:**

890 NORTHERN WAY  
SUITE E  
WINTER SPRINGS, FL 32708 US

FEI Number: 20-3666265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWNSEND, DAVID  
890 NORTHERN WAY  
SUITE E  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TOWNSEND, CHERYL  
Address: 890 NORTHERN WAY, SUITE E  
City-St-Zip: WINTER SPRINGS, FL 32719 US

Title: M  
Name: TOWNSEND, DAVID  
Address: 890 NORTHERN WAY, SUITE E  
City-St-Zip: WINTER SPRINGS, FL 32708 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID M TOWNSEND

MR

02/09/2012

Electronic Signature of Signing Officer or Director

Date