

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019680

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** GLORIA I. ZAPATA PEDIATRIC THERAPY. INC.

**Current Principal Place of Business:**

246 MARINER BOULEVARD  
SPRING HILL, FL 34609

**New Principal Place of Business:**

236 MARINER BOULEVARD  
SPRING HILL, FL 34609

**Current Mailing Address:**

7261 SYLVAN GLADE CT.  
WEEKI WACHEE, FL 346074037

**New Mailing Address:**

**FEI Number:** 20-4304450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAPATA, GLORIA I  
7261 SYLVAN GLADE CT.  
WEEKI WACHEE, FL 346074037 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: PVST  
Name: ZAPATA, GLORIA I  
Address: 7261 SYLVAN GLADE CT.  
City-St-Zip: WEEKI WACHEE, FL 346074037

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: GLORIA ZAPATA

PVST

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date