

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018402

Entity Name: LOTUS THERAPY CENTER, INC.

FILED  
Apr 22, 2010  
Secretary of State

**Current Principal Place of Business:**

1850 LEE ROAD  
103  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1850 LEE ROAD  
103  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 20-8430793      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COX, HOLLY G  
1850 LEE ROAD  
103  
WINTER PARK, FL 32789 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COX, HOLLY G  
Address: 1850 LEE ROAD, SUITE 103  
City-St-Zip: WINTER PARK, FL 32789

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: HOLLY COX

P

04/22/2010

Electronic Signature of Signing Officer or Director

Date