

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000031845

**FILED**  
**May 16, 2011**  
**Secretary of State**

**Entity Name:** ERFURT MUSIC THERAPY, INC.

**Current Principal Place of Business:**

3282 NE SKYLINE DR  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

3282 NE SKYLINE DR  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 20-6861666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERFURT, MICHELLE  
3282 NE SKYLINE DR  
JENSEN BEACH, FL 34957 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: PRES  
Name: ERFURT, MICHELLE  
Address: 3282 NE SKYLINE DR.  
City-St-Zip: JENSEN BEACH, FL 34957

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: MICHELLE ERFURT

PRES

05/16/2011

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

\_\_\_\_\_  
Date