2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091628

Entity Name: SKY HANDS THERAPY, INC.

FILED Apr 09, 2012 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
8346 S RIVER DR BAY M MEDLEY, FL 33166		7925 NW 162 ST MIAMI, FL 33016		
Current Mailing Address:		New Mailing Address:		
8346 S RIVER DR BAY M MEDLEY, FL 33166		7925 NW 162 ST MIAMI, FL 33016		
FEI Number: 26-0712061	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ZAPATA, CIELO 7925 NW 162ND STREE MIAMI LAKES, FL 33016				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	l office or registered agent, or both	
SIGNATURE:				
Electronic Signature of Registered Agent		ont	Date	

Title:

Name: ZAPATA, CIELO 7925 NW 162 STREET Address: City-St-Zip: MIAMI LAKES, FL 33016

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: CIELO ZAPATA MRS. 04/09/2012