

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 017 ***158.75

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DOCUMENT # P07000115002

1. Entity Name
ALLIED THERAPY PROFESSIONALS, INC.



Principal Place of Business Mailing Address
1720 NE 37 PLACE **1720 NE 37 PLACE**
HOMESTEAD, FL 33033 **HOMESTEAD, FL 33033**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

01292008 Chg-P CR2E034 (12/06)

4. FEI Number
26-1302231 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE A
1720 NE 37 PLACE
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROJAS, FRANCIA 1720 NE 37 PLACE HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/11/08** **(786) 282-4392**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daviate Phone #