

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117303

Entity Name: ALL ABOUT THERAPY SERVICES, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

501 E. SUGARLAND HWY
CLEWISTON, FL 33440

New Principal Place of Business:

1020 W. AVENIDA DEL RIO
CLEWISTON, FL 33440

Current Mailing Address:

New Mailing Address:

FEI Number: 26-1310181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE, NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

SUAREZ, GARY NEIL V DT
1020 W. AVENIDA DEL RIO
CLEWISTON, FL 33440 US

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: GARY NEIL SUAREZ

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DO () Delete
Name: WALLS, CARMENCITA B
Address: 12711 WESTPORT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: DV () Delete
Name: MONTESCLAROS, GLORIA A
Address: 1020 W AVENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: DT () Delete
Name: SUAREZ, GARY NEIL V
Address: 1020 W AVENIDA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY NEIL SUAREZ

DT

04/02/2009

Electronic Signature of Signing Officer or Director

Date