

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117303

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: ALL ABOUT THERAPY SERVICES, INC.

## Current Principal Place of Business:

501 E. SUGARLAND HWY  
CLEWISTON, FL 33440

## New Principal Place of Business:

## Current Mailing Address:

1020 W. AVENIDA DEL RIO  
CLEWISTON, FL 33440

## 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