

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117303

FILED
Apr 18, 2011
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:

501 E. SUGARLAND HWY
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:

SUAREZ, GARY NEIL V DT
1020 W. AVENIDA DEL RIO
CLEWISTON, FL 33440 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: DO
Name: WALLS, CARMENCITA B
Address: 12711 WESTPORT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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

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

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: GARY NEIL V. SUAREZ

DT

04/18/2011

Electronic Signature of Signing Officer or Director

Date