

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000042350

**FILED**  
**Jun 21, 2011**  
**Secretary of State**

**Entity Name:** FIRST CHOICE THERAPY CENTER, INC.

**Current Principal Place of Business:**

5644 TAVILLA CIRCLE  
SUITE 104  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

5644 TAVILLA CIRCLE  
SUITE 104  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 26-2501041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LUCALANO, Nanci  
5644 TAVILLA CIRCLE  
SUITE 104  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

IUCULANO, Nanci  
5644 TAVILLA CIRCLE  
SUITE 104  
NAPLES, FL 34110 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: Nanci IUCULANO

06/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: IUCULANO, Nanci  
Address: 5644 TAVILLA CIRCLE, STE 104  
City-St-Zip: NAPLES, FL 34110

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: Nanci IUCULANO

DIR

06/21/2011

Electronic Signature of Signing Officer or Director

Date