

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069595

**FILED**  
**Jul 05, 2012**  
**Secretary of State**

**Entity Name:** KENDALL THERAPY SERVICE INC.

**Current Principal Place of Business:**

10621 SW 88 STREET  
SUITE 209  
MIAMI, FL 33176

**New Principal Place of Business:**

10621 SW 88 STREET  
SUITE 104  
MIAMI, FL 33176

**Current Mailing Address:**

10621 SW 88 STREET  
SUITE 209  
MIAMI, FL 33176

**New Mailing Address:**

10621 SW 88 STREET  
SUITE 104  
MIAMI, FL 33176

**FEI Number:** 26-3049491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALFONSO, JESUS E  
17210 NW 64 AVENUE #107  
HIALEAH, FL 33015 US

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

ALFONSO, JESUS E  
14325 MAHOGANY COURT  
MIAMI LAKES, FL 33014 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

07/05/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALFONSO, JESUS E  
Address: 14325 MAHOGANY COURT  
City-St-Zip: MIAMI LAKES, FL 33014

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: JESUS E. ALFONSO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

07/05/2012

\_\_\_\_\_  
Date