

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091008

FILED
Feb 01, 2010
Secretary of State

Entity Name: ADVANCED THERAPY SOLUTIONS OF N.E. FLORIDA, INC.

Current Principal Place of Business:

6821 SOUTHPOINT DRIVE N
#217
JACKSONVILLE, FL 32216

New Principal Place of Business:

8833 PERIMETER PARK BLVD
#904
JACKSONVILLE, FL 32216

Current Mailing Address:

P. O. BOX 551470
JACKSONVILLE, FL 322551470

New Mailing Address:

P. O. BOX 551470
JACKSONVILLE, FL 32255 US

FEI Number: 26-3497928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLASGOW, SHIRLEY D
4480 DEERWOOD LAKE PARKWAY #144
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

GLASGOW, SHIRLEY D
4480 DEERWOOD LAKE PARKWAY
#144
JACKSONVILLE, FL 32216 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:

02/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST
Name: GLASGOW, SHIRLEY D
Address: 4480 DEERWOOD LAKE PARKWAY #144
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD
Name: STEFFES, STACY G
Address: 3341 HIDDEN LAKE DR. W.
City-St-Zip: JACKSONVILLE, FL 32216

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: SHIRLEY D. GLASGOW

DST

02/01/2010

Electronic Signature of Signing Officer or Director

Date