

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004042

FILED
Jan 15, 2012
Secretary of State

Entity Name: ALLIED PHYSIOTHERAPY AND NUTRITION INC.

Current Principal Place of Business:

22080 SOLIEL CIRCLE E.
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

22080 SOLIEL CIRCLE E.
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 26-4062511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, JOHN P
22080 SOLIEL CIRCLE E.
BOCA RATON, FL 33433 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: P
Name: MCCLAIN, JOHN P
Address: 22080 SOLIEL CIRCLE E.
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP
Name: MCCLAIN, LAURIE A
Address: 22080 SOLIEL CIRCLE E.
City-St-Zip: BOCA RATON, FL 33433 US

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: JOHN P. MCCLAIN

P

01/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date