

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000014710

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** DISTINCTIVE THERAPY SERVICES INC

**Current Principal Place of Business:**

24814 PORTOFINO DR  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

24814 PORTOFINO DR  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 26-4329706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROFITS AND GAINS LLC  
2240 TWELVE OAKS WAY  
SUITE 102  
WESLEY CHAPEL, FL 33544 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: AGRAWAL, DINESH  
Address: 24814 PORTOFINO DR  
City-St-Zip: LUTZ, FL 33559

Title: VP  
Name: AGRAWAL, SUMAN D  
Address: 24814 PORTOFINO DR  
City-St-Zip: LUTZ, FL 33559

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: DINESH AGRAWAL

P

03/29/2012

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

\_\_\_\_\_  
Date