

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022135

Entity Name: TRANSITIONS THERAPY, INC.

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

7401 S. ARAGON BLVD.  
#2  
FT. LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

7401 S. ARAGON BLVD.  
#2  
FT. LAUDERDALE, FL 33313

**New Mailing Address:**

FEI Number: 26-4426095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AR FINANCIAL SERVICES, INC.  
6191 W ATLANTIC BLVD  
#8  
MARGATE, FL 33063 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: CHAU, JULIE  
Address: 7401 S. ARAGON BLVD. #2  
City-St-Zip: FT. LAUDERDALE, FL 33313

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: JULIE CHAU

P

03/08/2011

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

\_\_\_\_\_ Date

TO WHOM IT MAY CONCERN,

P090000 22135  
3-8-11

I had previously gone online  
and paid 150.00 back in March  
but there must of been an error  
on your end.

Julie Chaw