

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022135

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TRANSITIONS THERAPY, INC.

**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

01/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date