

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000003428

FILED
Apr 26, 2012
Secretary of State

Entity Name: AJA THERAPY, INC.

Current Principal Place of Business:

2636 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61521
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 22-1687924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AKINS, BARRY
2636 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217 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: D,P
Name: AKINS, BARRY
Address: PO BOX 61521
City-St-Zip: JACKSONVILLE, FL 32236 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: BARRY AKINS

_____ Electronic Signature of Signing Officer or Director

D.P

04/26/2012

_____ Date