## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000013196

Entity Name: UNITED THERAPY CONSULTANTS, INC.

Apr 12, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5400 W. UNIVERSITY DRIVE, SUITE 417 5400 S. UNIVERSITY DRIVE. DAVIE, FL

SUITE 417

**DAVIE, FL 33328** 

**Current Mailing Address: New Mailing Address:** 

5400 W. UNIVERSITY DRIVE, SUITE 417 PO BOX 290070

DAVIE, FL 33329 DAVIE, FL US

FEI Number: 27-1910319 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WINTON, NATHAN WINTON, NATHAN

5400 W. UNIVERSITY DRIVE, SUITE 417 13194 SPRING LAKE DRIVE DAVIE, FL COOPER CITY, FL 33330 US

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: NATHAN WINTON 04/12/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CFO

WINTON, NATHAN Name:

13194 SPRING LAKE DRIVE Address: City-St-Zip: COOPER CITY, FL 33330

Title: VΡ

Name: WINTON, ANN

Address: 13194 SPRING LAKE DRIVE COOPER CITY, FL 33330 US City-St-Zip:

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: NATHAN WINTON CEO 04/12/2011