## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000020861

Entity Name: ASK THERAPIST FRAN P.A.

FILED Jan 06, 2012 Secretary of State

| Current Principal Place of Business:   | New Principal Place of Business:                                |
|--|---|
| 2439 TREASURE ISLE DRIVE   |   |
| A-6<br>PALM BEACH GARDENS, FL 33410  |   |
| Current Mailing Address:   | New Mailing Address:  |
| 2439 TREASURE ISLE DRIVE<br>A-6<br>PALM BEACH GARDENS, FL 33410  |   |
| FEI Number: 27-2092174 FEI Number Applied For ( )  | FEI Number Not Applicable ( ) Certificate of Status Desired ( ) |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  |   |
| SHERMAN, FRAN<br>2439 TREASURE ISLE DRIVE A6<br>PALM BEACH GARDENS, FL 33410 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:   |   |
| Electronic Signature of Registered A   | Agent Date  |
|  |   |
| OFFICERS AND DIRECTORS:  |   |

Title:

Name: SHERMAN, FRAN

2439 TREASURE ISLE DRIVE A6 Address: City-St-Zip: PALM BEACH GARDENS, FL 33410

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRAN SHERMAN PD 01/06/2012