

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062456

Entity Name: EQUINE PSYCHOTHERAPY INTEGRATED CARE, INC.

FILED  
Mar 10, 2011  
Secretary of State

**Current Principal Place of Business:**

329 BAHAI BLANCA DR  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

329 BAHAI BLANCA DR  
PUNTA GORDA, FL 33983 UN

**Current Mailing Address:**

329 BAHAI BLANCA DR  
PUNTA GORDA, FL 33983

**New Mailing Address:**

329 BAHAI BLANCA DR  
PUNTA GORDA, FL 33983 UN

FEI Number: 27-3169357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name: WILSON, KERRIE  
Address: 329 BAHIA BLANCA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983 UN

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: KERRIE WILSON

Electronic Signature of Signing Officer or Director

CEO

03/10/2011

Date