

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062456

FILED
Mar 10, 2011
Secretary of State

Entity Name: EQUINE PSYCHOTHERAPY INTEGRATED CARE, INC.

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

CEO

03/10/2011

Electronic Signature of Signing Officer or Director

Date