

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000048064

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** PARADISE THERAPY & WELLNESS INC

**Current Principal Place of Business:**

6400 MANATEE AVE W  
L121  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

6400 MANATEE AVE W  
L121  
BRADENTON, FL 34209

**New Mailing Address:**

**FEI Number:** 45-2391003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAUDETTE, SARAH  
6400 MANATEE AVE W  
L121  
BRADENTON, FL 34209 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: PST  
Name: GAUDETTE, SARAH  
Address: 6400 MANATEE AVE W STE L121  
City-St-Zip: BRADENTON, FL 34209

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: SARAH D GAUDETTE

PST

04/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date