

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000061443

FILED
Sep 25, 2012
Secretary of State

Entity Name: ONE TOUCH THERAPY CENTER INC.

Current Principal Place of Business:

6550 ST. AUGUSTINE RD SUITE 305
JACKSONVILLE, FL 32207

New Principal Place of Business:

6550 ST. AUGUSTINE RD SUITE 305
JACKSONVILLE, FL 32217

Current Mailing Address:

6550 ST. AUGUSTINE RD SUITE 305
JACKSONVILLE, FL 32207

New Mailing Address:

6550 ST. AUGUSTINE RD SUITE 305
JACKSONVILLE, FL 32217

FEI Number: 45-2713420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, LAZARO
6550 ST. AUGUSTINE RD SUITE 305
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

RODRIGUEZ, LAZARO
6550 ST. AUGUSTINE RD SUITE 305
JACKSONVILLE, FL 32217 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: LAZARO RODRIGUEZ

09/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RODRIGUEZ, LAZARO
Address: 6550 ST. AUGUSTINE RD SUITE 305
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: GARCIA, ALEXANDER
Address: 6550 ST AUGUSTINE RD SUITE 305
City-St-Zip: JACKSONVILLE, FL 32217

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: LAZARO RODRIGUEZ

PD

09/25/2012

Electronic Signature of Signing Officer or Director

Date