

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000070015

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** GOLDEN PROFESSIONAL THERAPY CORP

**Current Principal Place of Business:**

31 BARKLEY CIRCLE  
STE 1B  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

31 BARKLEY CIRCLE  
STE 1B  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 45-3028350      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MOYA, TATIANA  
229 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991    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: P  
Name: MOYA, TATIANA  
Address: 229 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP  
Name: DE LA VEGA, ARNALDO  
Address: 225 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33991

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: TATIANA MOYA

P

04/27/2012

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

\_\_\_\_\_ Date