

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000076455

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** ON THE GO THERAPY INC.

**Current Principal Place of Business:**

10525 SW 112 AVE #314  
MIAMI, FL 33176

**New Principal Place of Business:**

10525 SW 112 AVE  
314  
MIAMI, FL 33176

**Current Mailing Address:**

10525 SW 112 AVE #314  
MIAMI, FL 33176

**New Mailing Address:**

10525 SW 112 AVE  
314  
MIAMI, FL 33176

**FEI Number:** 45-3277297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEWS, CHRISTINE  
10525 SW 112 AVE #314  
MIAMI, FL 33176 US

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

MATTHEWS, CHRISTINE  
10525 SW 112 AVE  
314  
MIAMI, FL 33176 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: CHRISTINE MATTHEWS

04/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MATTHEWS, CHRISTINE  
Address: 10525 SW 112 AVE #314  
City-St-Zip: MIAMI, FL 33176

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: CHRISTINE MATTHEWS

P

04/21/2012

Electronic Signature of Signing Officer or Director

Date