

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023124

FILED
Apr 26, 2011
Secretary of State

Entity Name: CHILDRENS THERAPY SERVICES, INC.

Current Principal Place of Business:

10257 W. SAMPLE RD.
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

10257 W. SAMPLE RD.
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0406662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ANGEL L
10257 W. SAMPLE RD.
CORAL SPRINGS, FL 33065 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: COB
Name: ALL ABOARD THERAPY LLC
Address: 10257 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: CEO
Name: DEUTSCH, DAVID M
Address: 10257 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

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: ALL ABOARD THERAPY LLC

COB

04/26/2011

Electronic Signature of Signing Officer or Director

Date