

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084531

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: AURICULAR THERAPY CENTER, INC.

## Current Principal Place of Business:

2780 CLEVELAND AVE STE 810  
FORT MYERS, FL 33901 US

## New Principal Place of Business:

2780 CLEVELAND AVE  
810  
FORT MYERS, FL 33901 US

## Current Mailing Address:

1470 ROYAL PALM SQ BLVD.  
FORT MYERS, FL 33919 US

## New Mailing Address:

2780 CLEVELAND AVE  
810  
FORT MYERS, FL 33901 US

FEI Number: 65-0453939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTA, STEVEN  
1619 JACKSON ST.  
FT. MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: BONNETTE, MARY L  
Address: 1920 VIRGINIA AVE., #401  
City-St-Zip: FORT MYERS, FL 33901

Title: P ( ) Delete  
Name: GERAGHTY, BARBARA DENA  
Address: 1320 ALCAZAR AVENUE  
City-St-Zip: FT. MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BONNETTE, MARY L PHD  
Address: 1920 VIRGINIA AVE., #401  
City-St-Zip: FORT MYERS, FL 33901

Title: V (X) Change ( ) Addition  
Name: GERAGHTY, BARBARA DENA  
Address: 1320 ALCAZAR AVENUE  
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY L. BONNETTE, PHD

DIR

03/20/2009

Electronic Signature of Signing Officer or Director

Date