

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047879

FILED
Apr 21, 2010
Secretary of State

Entity Name: ASSOCIATED THERAPY SERVICES, S.P., P.A.

Current Principal Place of Business:

906 S FOREST CREEK
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

908 S FOREST CREEK
ST AUGUSTINE, FL 32092 US

Current Mailing Address:

906 S FOREST CREEK
ST AUGUSTINE, FL 32092 US

New Mailing Address:

11671 HIDDEN VALLEY ROAD
CARMEL, CA 93924 US

FEI Number: 59-3326996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, PATRICIA M
906 S FOREST CREEK
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

MCINTYRE, PATRICIA M
908 S FOREST CREEK
ST AUGUSTINE, FL 32092 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: PATRICIA MCINTYRE

04/21/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST
Name: MCINTYRE, PATRICIA M
Address: 908 S FOREST CREEK
City-St-Zip: ST AUGUSTINE, FL 32092

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: PATRICIA MCINTYRE

PRES

04/21/2010

Electronic Signature of Signing Officer or Director

Date