

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000050337

1. Entity Name
ABC PEDIATRIC THERAPY, INC.



Principal Place of Business
277 N.E. 97TH STREET
MIAMI SHORES, FL 33138 US

Mailing Address
ABC PEDIATRIC THERAPY, INC.
277 N.E. 97TH STREET
MIAMI SHORES, FL 33138 US



DO NOT WRITE IN THIS SPACE

03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0761146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLEMING, JENNIFER
277 N.E. 97TH STREET
MIAMI SHORES, FL 33138

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rotating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000654273
03/13/07-80055-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSO FLEMING, JENNIFER 277 N.E. 97TH STREET MIAMI SHORES, FL 33138
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, CYNTHIA 1245 N.E. 98TH STREET MIAMI SHORES, FL 33138
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07

Date

305-758-7626

Daytime Phone #