

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005158

FILED
Apr 27, 2011
Secretary of State

Entity Name: AMERICAN HOME THERAPY PROVIDER, INC.

Current Principal Place of Business:

3380 TAMiami TRAIL
SUITE C
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2421 SHREVE ST
SUITE 115
PUNTA GORDA, FL 33950

Current Mailing Address:

2421 SHREVE STREET
SUITE 115
PUNTA GORDA, FL 33950

New Mailing Address:

2421 SHREVE ST
SUITE 115
PUNTA GORDA, FL 33950

FEI Number: 65-0804860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENANO, EDGAR
2421 SHREVE STREET
SUITE 115
PUNTA GORDA, FL 33950 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: CEO
Name: PENANO, EDGAR
Address: 2421 SHREVE STREET, SUITE 115
City-St-Zip: PUNTA GORDA, FL 33950

Title: PCFO
Name: PENANO, GRACE
Address: 2421 SHREVE STREET, SUITE 115
City-St-Zip: PUNTA GORDA, FL 33950

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: EDGAR PENANO

CEO

04/27/2011

Electronic Signature of Signing Officer or Director

Date