

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024041

Entity Name: ALLPOINTS THERAPY, INC.

FILED
Aug 24, 2011
Secretary of State

Current Principal Place of Business:

4131 NW 28TH LN
SUITE #4
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4131 NW 28TH LN
SUITE #4
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3528716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIDMER, DEETA ILSE AP,LMT
4131 NW 28TH LN
SUITE #4
GAINESVILLE, FL 32606 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: PD
Name: ADKINS, DEETA WIDMER AP, LMT
Address: 4131 NW 28TH LN STE#4
City-St-Zip: GAINESVILLE, FL 32606

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: DEETA WIDMER ADKINS

PRES

08/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date