

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080639

FILED
Mar 28, 2012
Secretary of State

Entity Name: HBA THERAPY SERVICES, INC.

Current Principal Place of Business:

5310 N.W. 33RD AVENUE #211
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5310 N.W. 33RD AVENUE #211
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0946694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISMAN, ANDREW S
5310 N.W. 33RD AVENUE #211
FORT LAUDERDALE, FL 33309 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: ST
Name: WEISMAN, BARTON D
Address: 5310 N.W. 33RD AVENUE #211
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P
Name: WEISMAN, ANDREW S
Address: 5310 N.W. 33RD AVENUE #211
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP
Name: LIPSCHUTZ, HOWARD
Address: 550 S OCEAN DR APT. 604
City-St-Zip: BOCA RATON, FL 33432

Title: VP
Name: KROEGER, KEITH
Address: 5310 NW 33RD AVE. #211
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP
Name: KANTROWITZ, BARRY
Address: 5310 NW 33RD AVE #211
City-St-Zip: FORT LAUDERDALE, FL 33309

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: ANDREW S WEISMAN

PRES

03/28/2012

Electronic Signature of Signing Officer or Director

Date