

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000091852

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** ALL AMERICAN THERAPY, INC.

**Current Principal Place of Business:**

4491 NW 36TH ST, STE H  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4491NW 36TH ST H  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0953737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYKAN, ARIE A  
7880 N UNIVERSITY DRIVE  
SUITE 201  
TAMARAC, FL 33166 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:** D  
**Name:** GREYE, ALEXANDER B  
**Address:** 4491 NW 36TH ST H  
**City-St-Zip:** MIAMI SPRINGS, FL 33166

**Title:** D  
**Name:** VELEZ, RICARDO  
**Address:** 4491 NW 36TH ST H  
**City-St-Zip:** MIAMI SPRINGS, FL 33166

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:** ALEXANDER GREYE

D

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date