# 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SD

#### SIGNATURE: RICHARD L FORD

Electronic Signature of Signing Officer/Director Detail

2	2015 FLORIDA	NOT FOR	PROFIT	CORPOR/	ATION A	NNUAL	REPORT

#### DOCUMENT# N12000005748

### Entity Name: DEPTHERAPY FOUNDATION CORPORATION

### **Current Principal Place of Business:**

96 MARINA AVE KEY LARGO, FL 33037

### **Current Mailing Address:**

96 MARINA AVE KEY LARGO, FL 33037

## FEI Number: 45-5476594

## Name and Address of Current Registered Agent:

FORD, RICHARD L 96 MARINA AVE KEY LARGO, FL 33037 US

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

## **Officer/Director Detail :**

Title	PD	Title	SD
Name	BATHGATE, FRASER	Name	FORD, RICHARD L
Address	96 MARINA AVE	Address	96 MARINA AVE
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037

04/22/2015

Date

FILED Apr 22, 2015 Secretary of State CC9811507949

Date

Certificate of Status Desired: No