

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000027307

**Entity Name:** LAUREANO THERAPY SERVICES,P.A.

**Current Principal Place of Business:**

5655 SE 42ND CT  
OCALA, FL 34480

**Current Mailing Address:**

5655 SE 42ND CT  
OCALA, FL 34480 US

**FEI Number: 26-2209765**

**Certificate of Status Desired: No**

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

LAUREANO, AUGUSTO  
5655 SE 42ND CT  
OCALA, FL 34480 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

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	LAUREANO, AUGUSTO	Name	LAUREANO, FREDA
Address	5655 SE 42ND CT	Address	5655 SE 42ND CT
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480

*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: AUGUSTO LAUREANO**

**PRESIDENT**

**04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date