

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051685

Entity Name: EFFECTIVE THERAPY SERVICES, INC

Current Principal Place of Business:

10630 NW 21 CT
PEMBROKE PINES, FL 33026

Current Mailing Address:

10630 NW 21 CT
PEMBROKE PINES, FL 33026 US

FEI Number: 27-0371901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNOZ DIAZ, MAYVELIS
10630 NW 21 CT
PEMBROKE PINES, FL 33026 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
Name MUNOZ DIAZ, MAYVELIS
Address 10630 NW 21 CT
City-State-Zip: PEMBROKE PINES FL 33026

Title VP
Name DIAZ, ORLANDO
Address 10630 NW 21 CT
City-State-Zip: PEMBROKE PINES FL 33026

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: ORLANDO DIAZ

VP

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date