

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000074388

**Entity Name:** A PLUS THERAPY, INC.

**Current Principal Place of Business:**

499 N.W. 70TH AVE  
200  
PLANTATION, FL 33317

**Current Mailing Address:**

2965 SURREY LANE  
WESTON, FL 33331 US

**FEI Number:** 37-1650189

**Certificate of Status Desired:** No

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

HALE, MARTIN  
2965 SURREY LANE  
WESTON, FL 33331 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	HALE, MARTIN	Name	HALE, LYNDIA
Address	2965 SURREY LANE	Address	2965 SURREY LANE
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

*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:** MARTIN E. HALE, M.D.

**PRESIDENT**

**02/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date