

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000088824

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

**Current Principal Place of Business:**

15522 29TH ST E.  
PARRISH, FL 34219

**Current Mailing Address:**

15522 29TH ST E.  
PARRISH, FL 34219 US

**FEI Number:** 27-1216010

**Certificate of Status Desired:** No

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

MCMANUS, KYLA W.  
15522 29TH ST. E.  
PARRISH, FL 34219 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:** KYLA WALKER MCMANUS

01/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCMANUS, KYLA W.  
Address        15522 29TH ST. E.  
City-State-Zip: PARRISH FL 34219

*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:** KYLA WALKER MCMANUS

PRESIDENT

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date