

2017 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:

WALKER MCMANUS, KYLA
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

01/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALKER MCMANUS, KYLA
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

01/07/2017

Electronic Signature of Signing Officer/Director Detail

Date