

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037158

FILED
Jan 13, 2011
Secretary of State

Entity Name: QUALITY HANDS ON THERAPY, INC.

Current Principal Place of Business:

734 N. 3RD STREET
SUITE 105
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

734 N. 3RD STREET
SUITE 105
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 45-0472788 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BULL, SCOTTIE
1331 DEERFOOT ROAD
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P T
Name: BULL, SCOTTIE
Address: 1331 DEERFOOT ROAD
City-St-Zip: DELAND, FL 32720

Title: VS
Name: VERGAUWEN, WIM
Address: 103 SWEETWATER BLVD NORTH
City-St-Zip: LONGWOOD, FL 32779

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: SCOTTIE BULL

PRES

01/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date