

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042284

Entity Name: FLORIDA THERAPY, INC.

FILED
Mar 10, 2011
Secretary of State

Current Principal Place of Business:

1242 WEST PORTILLO DRIVE
DELTONA, FL 32725 US

New Principal Place of Business:

1641 S.E. 39TH TERRACE
CAPE CORAL, FL 33904 US

Current Mailing Address:

1242 WEST PORTILLO DRIVE
DELTONA, FL 32725 US

New Mailing Address:

P.O. BOX 101329
CAPE CORAL, FL 33910 US

FEI Number: 48-1257117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALICZER, JAMES S ESQ
101 NORTHEAST THIRD AVENUE
SUITE 600
FORT LAUDERDALE, FL 33301 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
Name: TRACEY, MARK F
Address: 1641 S.E. 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: S
Name: TRACEY, SHELLEY R
Address: 1641 S.E. 39TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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: MARK F TRACEY

P

03/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date