

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042284

Entity Name: FLORIDA THERAPY, INC.

FILED  
Mar 09, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date