2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P02000091526

Entity Name: ALL COAST THERAPY SERVICES, INC.

Current Principal Place of Business:

13940 N. US HIGHWAY 441
BUILDING 600, SUITE 603
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

13940 N. US HIGHWAY 441
BUILDING 600, SUITE 603
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 56-2288146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORSLEY, MICHAEL
15971 SE 89TH TERRACE
SUMMERFIELE, FL 34491 US

Name and Address of New Registered Agent:

HORSLEY, MICHAEL
13940 N. US HWY 441
BUILDING 600, SUITE 603
LADY LAKE, FL 32159 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: MICHAEL HORSLEY 02/11/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCOTT, BEULAH
Address: 5125 S.E. 24TH PL
City-St-Zip: OCALA, FL 32776

Title: D ( ) Delete
Name: HORSLEY, MICHAEL
Address: 15971 SE 89TH TERRACE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCOTT, BEULAH
Address: 13940 N US HWY 441, SUITE 603
City-St-Zip: LADY LAKE, FL 32159

Title: D (X) Change ( ) Addition
Name: HORSLEY, MICHAEL
Address: 13940 N US HWY 441, SUITE 603
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL HORSLEY D 02/11/2009
Electronic Signature of Signing Officer or Director Date