2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# P03000028915

Entity Name: TAMPA BAY THERAPY, INC.

Current Principal Place of Business:

12105 LEXINGTON PARK DRIVE
TAMPA, FL 33626

New Principal Place of Business:

12105 LEXINGTON PARK DRIVE
307
TAMPA, FL 33626

Current Mailing Address:

12105 LEXINGTON PARK DRIVE
TAMPA, FL 33626

New Mailing Address:

12105 LEXINGTON PARK DRIVE
307
TAMPA, FL 33626

FEI Number: 65-1173915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATKINS, CARL T CPA
5103 MEMORIAL HWY
TAMPA, FL 33634 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DODD, JASMINE C
Address: 12105 LEXINGTON PARK DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JASMINE C. DODD OWNE 04/17/2005

Electronic Signature of Signing Officer or Director Date