

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008387

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: FRES THERAPY SERVICES, INC.

**Current Principal Place of Business:**

13949 JACOBSON DRIVE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

13949 JACOBSON DRIVE  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 20-2180202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRES, JOSE LUIS M  
13949 JACOBSON DRIVE  
ODESSA, FL 34677 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: P ( ) Delete  
Name: FRES, JOSE LUIS M  
Address: 13949 JACOBSON DRIVE  
City-St-Zip: ODESSA, FL 34677 US

Title: S ( ) Delete  
Name: FRES, GEORGIANNA G  
Address: 13949 JACOBSON DRIVE  
City-St-Zip: ODESSA, FL 34677 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JOSE LUIS M FRES

P

04/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date