2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P05000123067

Entity Name: SUNCOAST THERAPY SERVICES, INC.

Current Principal Place of Business:

6869 REISTERTOWN ROAD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

105 REDPINE LOOP
OLD BRIDGE, NJ 08857

New Mailing Address:

FEI Number: 20-3438104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODENDAAL, RIETTE
6869 REISTERTOWN ROAD
NORTH PORT, FL 34286 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: ODENDAAL, RIETTE
Address: 6869 REISTERTOWN ROAD
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete
Name: SINCLAIR, ANDREW
Address: 105 REDPINE LOOP
City-St-Zip: OLD BRIDGE, NJ 08857

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: RIETTE ODENDAAL P 04/08/2009

Electronic Signature of Signing Officer or Director Date