2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 10, 2008 8:00 am Secretary of State

DOCUMENT # P06000097004 1. Entity Name INDEPENDENCE THERAPY SERVICES, INC.							04-28-2008	90370	030 ***1	50.00
Principal Place of Business 3001 SE LAKE WEIR AVENUE #1304 OCALA, FL 34471 US			Mailing Address 3001 SE LAKE WEIR AV #1304 OCALA, FL 34471		6 10111111	6013897			1800 1802	
2. Principal Place of Business - No P.O. Box # 4956 5W 45 Th CITCLE Suite, Apt. #, etc.			3. Melling Address 4956 5W 45 TM CITCLE Suite, Apt. #, etc.			04242008 Chg-P CR2E034 (12/06)				
Ocala FL			Ocala F		4. FEI Numb	52422	20		oplied For of Applicable	
344-	4474 Country		2134474 Count		try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
_	5. Name	and Address of Current F	7. Name and Address of New Registered Apent Name							
CAMPBELL, SIMONE A 4956 SW 45TH CIRCLE OCALA, FL 34474					Street Address (P.O. Box Number is Not Acceptable)					
``										-
					City		.=.	FL	Zip Cod	•
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE_ Signature, typed or provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstisting) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 S. Election Campaign Financing \$5 Trust Fund Contribution.								- n	-	·
10.	Р	OFFICERS AND D		11,		ADDITIONS	CHANGES TO OFFE	CERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	CAMPBE	LL, SIMONE A 45TH CIRCLE FL 34474	☐ Deletæ	E ET ADDRESS -ST-ZIP				☐ Change	☐ Addition	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplied with report is true and accurate and that my 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 stustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with fall other like empowered.										
SIGNATURE: 4-24 207-7628										