

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014543

FILED
Jan 22, 2008
Secretary of State

Entity Name: COMMUNITY THERAPY HOME CARE, INC.

Current Principal Place of Business:

7500 BRYAN DAIRY RD.
SUITE B
LARGO, FL 33777

New Principal Place of Business:

6251 PARK BLVD.
SUITE 8
PINELLAS PARK, FL 33781

Current Mailing Address:

7500 BRYAN DAIRY RD.
SUITE B
LARGO, FL 33777

New Mailing Address:

6251 PARK BLVD.
SUITE 8
PINELLAS PARK, FL 33781

FEI Number: 20-8685594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACCOLLUM, ELAINE R
8140 BAYHAVEN DR.
SEMINOLE, FL 33776 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: LALLY, PETER S
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: V () Delete
Name: MACCOLLUM, STUART W
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: T () Delete
Name: MACCOLLUM, ELAINE R
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: LALLY, EILEEN
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ELAINE R. MACCOLLUM

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01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date