

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084763

FILED
Mar 12, 2012
Secretary of State

Entity Name: SHARP THERAPY SERVICES, INCORPORATED

Current Principal Place of Business:

1114 THOMASVILLE ROAD
SUITE W
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3543
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 56-2673646 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHARP, PATRICIA
1757 LOTT RD.
MONTICELLO, FL 32344 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

OFFICERS AND DIRECTORS:

Title: P
Name: SHARP, PATRICIA
Address: P.O. BOX 3543
City-St-Zip: TALLAHASSEE, FL 32315 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA SHARP

PRES

03/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date