

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070442

FILED
Apr 30, 2009
Secretary of State

Entity Name: THERAKIDS PLUS CENTER FOR CHILDREN & ADULTS, INC.

Current Principal Place of Business:

2901 WEST BUSCH BLVD.
910
TAMPA, FL 33618 US

New Principal Place of Business:

1602 WEST SLIGH AVE
100
TAMPA, FL 33604 US

Current Mailing Address:

2901 WEST BUSCH BLVD.
910
TAMPA, FL 33618 US

New Mailing Address:

1602 WEST SLIGH AVE
100
TAMPA, FL 33604 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT F
2918 BUSCHE LAKE BLVD
TAMPA, FL 33614 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: BOOTH, KIMBERLY K
Address: 2901 WEST BUSCH BLVD, #910
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOOTH, KIMBERLY K
Address: 1602 WEST SLIGH AVE #100
City-St-Zip: TAMPA, FL 33618 US

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: KIMBERLY K BOOTH

MS

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date