2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2013
Secretary of State
CC7547605420

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Entity Name: CENTRAL FLORIDA PEDIATRIC THERAPY FOUNDATION, INC.

Current Principal Place of Business:

405 S SEMINOLE AVENUE
MINNEOLA, FL 34715

Current Mailing Address:

PO BOX 120547
CLERMONT, FL 34712

FEI Number: 27-1429422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMES, AMY J
405 S SEMINOLE AVENUE
MINNEOLA, FL 34715 US

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

Officer/Director Detail :

Title	D
Name	GOMES, AMY J
Address	405 S SEMINOLE AVENUE
City-State-Zip:	MINNEOLA FL 34715

Title	D
Name	NUSSBAUMER, TRINA
Address	6140 OIL WELL ROAD
City-State-Zip:	CLERMONT FL 34714

Title	BOARD MEMBER
Name	GOMES, CAMERON
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNEOLA FL 34715

Title	BOARD MEMBER
Name	FLOOD, PATRICIA
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNEOLA FL 34715

Title	D
Name	PHARES, RENEE D
Address	405 S SEMINOLE AVENUE
City-State-Zip:	MINNEOLA FL 34715

Title	BOARD MEMBER
Name	WALKER, DALE
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNEOLA FL 34715

Title	BOARD MEMBER
Name	LOWE, JESSICA
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNNEOLA FL 34715

Title	BOARD MEMBER
Name	WEIL, JOHN
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNEOLA FL 34715

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY J GOMES EXECUTIVE DIRECTOR 01/25/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	BOARD MEMBER
Name	MARKLAND, MICHAEL
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNEOLA FL 34715

Title	BOARD MEMBER
Name	BECKHAM, DENISE
Address	405 S SEMINOLE AVE
City-State-Zip:	MINNEOLA FL 34715

Title	BOARD MEMBER
Name	RIVERA, JOSEPH
Address	405 S SEMINLE AVE
City-State-Zip:	MINNEOLA FL 34715