

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000042284

**Entity Name:** FLORIDA THERAPY, INC.

**Current Principal Place of Business:**

1641 S.E. 39TH TERRACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

P.O. BOX 101329  
CAPE CORAL, FL 33910 US

**FEI Number:** 48-1257117

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HALICZER, JAMES SESQ  
101 NORTHEAST THIRD AVENUE  
SUITE 600  
FORT LAUDERDALE, FL 33301 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	P	Title	S
Name	TRACEY, MARK F	Name	TRACEY, SHELLEY R
Address	1641 S.E. 39TH TERRACE	Address	1641 S.E. 39TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904

*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:** MARK F TRACEY

**PRESIDENT**

**03/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date