

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095110

Entity Name: FOUNTAINS THERAPY CENTER, INC.

Current Principal Place of Business:

817 SOUTH UNIVERSITY DRIVE
#105
PLANTATION, FL 33324

Current Mailing Address:

817 SOUTH UNIVERSITY DRIVE
#105
PLANTATION, FL 33324

FEI Number: 20-1290441

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSEBOE, LISA
817 SOUTH UNIVERSITY DRIVE
#105
PLANTATION, FL 33324 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 DR
Name HUSEBOE, LISA
Address 11500 NW 6TH PLACE
City-State-Zip: PLANTATION FL 33325

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: LISA HUSEBOE

DIR

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date