2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2017
Secretary of State
CC3000495040

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Entity Name: INDEPENDENCE THERAPY SERVICES, INC.

Current Principal Place of Business:

4113 SW 46TH TERRACE
OCALA, FL 34474

Current Mailing Address:

4113 SW 46TH TERRACE
OCALA, FL 34474 US

FEI Number: 20-5242220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, SIMONE A
4113 SW 46TH TERRACE
OCALA, FL 34474 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
Name	CAMPBELL, SIMONE A
Address	4113 SW 46TH TERRACE
City-State-Zip:	OCALA FL 34474

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: SIMONE CAMPBELL PRESIDENT 04/08/2017

Electronic Signature of Signing Officer/Director Detail — Date