

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084763

Entity Name: SHARP THERAPY SERVICES, INCORPORATED

Current Principal Place of Business:

1834-A JACLIF COURT
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 193
WACISSA, FL 32361 US

FEI Number: 56-2673646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARP, PATRICIA
1757 LOTT RD.
MONTICELLO, FL 32344 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 SHARP, PATRICIA
Address P.O. BOX 3543
City-State-Zip: TALLAHASSEE FL 32315

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: PATRICIA SHARP

OWNER/PRESIDENT

01/10/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date