

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000081388

Entity Name: BEST ONSITE THERAPY SERVICES, INC.

Current Principal Place of Business:

18541 SW 43 STREET
MIRAMAR, FL 33029

Current Mailing Address:

18541 SW 43 STREET
MIRAMAR, FL 33029

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREJON, ELIZABETH
18541 SW 43 STREET
MIRAMAR, FL 33029 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 MOREJON, ELIZABETH
Address 18541 SW 43 STREET
City-State-Zip: MIRAMAR FL 33029

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: ELIZABETH MOREJON

PRESIDENT

03/25/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date