

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000085816

Entity Name: BOB THERAPY, INC

Current Principal Place of Business:

117 OAK VIEW CIRCLE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

117 OAK VIEW CIRCLE
PONTE VEDRA BEACH, FL 32082

FEI Number: 47-5347125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTERSON, CHRIS
2 SOUTH ROSCOE BLVD
PONTE VEDRA BEACH, FL 32082 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 BARNHARD, ROBERT
Address 117 OAK VIEW CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: ROBERT BARNHARD

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04/18/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date