

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001071

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** HUBBARD OCCUPATIONAL THERAPY, P.C.

**Current Principal Place of Business:**

1309 PADOLA RD.  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

1309 PADOLA RD.  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-3473810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUBBARD, KURT  
1309 PADOLA RD.  
ST. AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HUBBARD, KURT  
Address: 1309 PADOLA RD.  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: KURT HUBBARD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CHAI

02/17/2011

\_\_\_\_\_  
Date