

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # G41917	
1. Entity Name THERAPY SPECIALISTS, INC.	

Principal Place of Business 4190 DRAKESWOOD CIRCLE SARASOTA, FL 34232-2504	Mailing Address 4190 DRAKESWOOD CIRCLE SARASOTA, FL 34232-2504 US
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DO NOT WRITE IN THIS SPACE



05202007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2286976	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARSH, N.E.
CHILDRENS THERAPY
63 SARASOTA CENTER BLVD 101
SARASOTA, FL 34240

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARSH, NANCY 4190 DRAKESWOOD CIRCLE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, JAMES P 4190 DRAKESWOOD CIRCLE SARASOTA, FL 34232
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcus Marsh 5/17/07 941 378 2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone