

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41917

FILED
Feb 16, 2011
Secretary of State

Entity Name: THERAPY SPECIALISTS, INC.

Current Principal Place of Business:

4190 DRAKESWOOD CIRCLE
SARASOTA, FL 342322504

New Principal Place of Business:

Current Mailing Address:

4190 DRAKESWOOD CIRCLE
SARASOTA, FL 342322504

New Mailing Address:

FEI Number: 59-2296976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSH, N.E.
CHILDRENS THERAPY
63 SARASOTA CENTER BLVD 101
SARASOTA, FL 34240 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: PST
Name: MARSH, NANCY
Address: 4190 DRAKESWOOD CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: D
Name: MARSH, JAMES P
Address: 4190 DRAKESWOOD CIRCLE
City-St-Zip: SARASOTA, FL 34232

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: NANCY E. MARSH

PRES

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date