

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J28874

1. Entity Name
SPORTS THERAPY, INC.



FILED
Sep 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
1896 PALM BEACH LAKES BLVD.,
STE A
WEST PALM BEACH, FL 33409 US

Mailing Address
1896 PALM BCH LAKES BLVD.,
STE. A
WEST PALM BEACH, FL 33409 US



DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2708473

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, DANIEL F
4376 DAFFODIL CIR S
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000959740

09/15/08-80004-021 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDSTEIN, DANIEL F 4376 DAFFODIL CIR S PALM BEACH GARDENS, FL 33410
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/08

Daytime Phone # _____