

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36775

FILED
Jan 05, 2011
Secretary of State

Entity Name: PEDIATRIC THERAPY SERVICES, INC.

Current Principal Place of Business:

1215 E ORANGE ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1215 E ORANGE ST
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-2984541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEARY, JOSEPH A ESQ.
1611 HARDEN BLVD.
LAKELAND, FL 33803 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: PD
Name: KILBURN, L. DENISE
Address: 3119 NEW JERSEY ROAD
City-St-Zip: LAKELAND, FL

Title: VD
Name: SHUFFLEBARGER, KATHY JO
Address: 5730 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: KILBURN, DAVID P
Address: 3119 NEW JERSEY ROAD
City-St-Zip: LAKELAND, FL 33803

Title: D
Name: SHUFFLEBARGER, JOHN B
Address: 5730 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

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: KATHY SHUFFLEBARGER

VP

01/05/2011

Electronic Signature of Signing Officer or Director

Date