

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56334

FILED
Aug 23, 2006
Secretary of State

Entity Name: COMPREHENSIVE OCCUPATIONAL THERAPY, INC.

Current Principal Place of Business:

12108 OLDFIELD POINTE DRIVE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12108 OLDFIELD POINTE DRIVE
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 59-2997433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPOSITO-COMEAUX, DIANE
12108 OLDFIELD POINTE DR.
JACKSONVILLE, FL 32223 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COMEAUX, DIANE E
Address: 12108 OLDFIELD POINTE DR.
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANE ESPOSITO-COMEAUX

D

08/23/2006

Electronic Signature of Signing Officer or Director

Date