

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87524

FILED
Apr 15, 2009
Secretary of State

Entity Name: RURAL THERAPY SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

35 OLD KINGS RD N
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

35 OLD KING RD N
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-3040889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, EDITH E
1550 LAKE DISSTON DR.
BUNNELL, FL 32110 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MS () Delete
Name: LYNN, EDITH
Address: 1550 LAKE DISSTON DR.
City-St-Zip: BUNNELL, FL 32110

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 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: EDITH E.LYNN

_____ Electronic Signature of Signing Officer or Director

ADMI

04/15/2009

_____ Date