

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87524

FILED  
Apr 04, 2011  
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:**

MCCOY, EDITH E DR  
1550 LAKE DISSTON DR.  
BUNNELL, FL 32110 US

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: EDITH E LYNN MCCOY

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MCCOY, EDITH E DR  
Address: 1550 LAKE DISSTON DR.  
City-St-Zip: BUNNELL, FL 32110

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: EDITH E LYNN MCCOY

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date