

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001776

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: INSTRIDE THERAPY, INC.

## Current Principal Place of Business:

1621 RANCH RD  
NOKOMIS, FL 34275 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 365  
NOKOMIS, FL 34274 US

## New Mailing Address:

FEI Number: 65-0536169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLEM, DONNA  
1621 RANCH RD.  
NOKOMIS, FL 34275 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: P ( ) Delete  
Name: HALLORAN, RICK  
Address: 6016 PINE TREE DR  
City-St-Zip: BRADENTON, FL 34202

Title: ED ( ) Delete  
Name: BLEM, DONNA  
Address: P O BOX 365  
City-St-Zip: NOKOMIS, FL 34274

Title: VPD ( ) Delete  
Name: WILSON, JENA  
Address: 8804 MANOR LOOP#202  
City-St-Zip: BRADENTON, FL 34202

Title: SD ( ) Delete  
Name: HURLBURT, DAWN  
Address: 3630 BENEVA OAKS DR  
City-St-Zip: SARASOTA, FL 34238

Title: TD ( ) Delete  
Name: RYSKAMP, PATRICK  
Address: 7304 TORI WAY  
City-St-Zip: BRADENTON, FL 34202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change ( ) Addition  
Name: DELL'ARMI, PENNY  
Address: 2606 BAYSHORE RD  
City-St-Zip: NOKOMIS, FL 34275

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BLEM

ED

04/16/2007

Electronic Signature of Signing Officer or Director

Date