

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001776

FILED
Mar 24, 2009
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: MCSWEENEY, DENNIS
Address: 4822 W COUNTRY CLUB SRIVE
City-St-Zip: SARASOTA, FL 34243

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

Title: VPD () Delete
Name: KLICK, JULIE
Address: 1450 HARBOR SOUND DRIVE
City-St-Zip: SARASOTA, FL 34228

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

Title: TD () Delete
Name: HALLORAN, RICK
Address: 6016 PINE TREE DRIVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: DONNA BLEM

EX D

03/24/2009

Electronic Signature of Signing Officer or Director

Date