2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004
Secretary of State

DOCUMENT# N95000003708

Entity Name: FLORIDA THERAPY SERVICES, INC.

Current Principal Place of Business:

538 HARMON AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

648 FLORIDA AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

538 HARMON AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

648 FLORIDA AVENUE
PANAMA CITY, FL 32401

FEI Number: 59-3226958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, JOHN D
626 LUVERNE AVE
PANAMA CITY, FL 32401 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: PSTD ( ) Delete
Name: CABLE, ROLLIN
Address: 538 HARMON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: CABLE, TERI L
Address: 538 HARMON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: CABLE, CHARLES
Address: 105 LAKE RIDGE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CABLE, ROLLIN
Address: 648 FLORIDA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: CABLE, TERI L
Address: 648 FLORIDA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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 Section 119.07(3)(i), 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: TERI L. CABLE D 08/06/2004
Electronic Signature of Signing Officer or Director — Date