

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N95000003708

Entity Name: FLORIDA THERAPY SERVICES, INC.

Current Principal Place of Business:

648 FLORIDA AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

648 FLORIDA AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

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: P () Delete
Name: CABLE, ROLLIN
Address: 648 FLORIDA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TVP () Delete
Name: CABLE, TERI L
Address: 648 FLORIDA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BARNARD, ROBERT F
Address: 904 BRANDEIS
City-St-Zip: PANAMA CITY, FL 32405 US

Title: SD () Delete
Name: CLARK, MICHAEL D
Address: 1429 INDIAN TRAIL NORTH
City-St-Zip: PALM HARBOR, FL 324683

Title: DR. (X) Delete
Name: DEAL, ROY
Address: 648 FLORIDA AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (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:

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: TERI L. CABLE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date