

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003708

FILED
Apr 26, 2012
Secretary of State

Entity Name: FLORIDA THERAPY SERVICES, INC.

Current Principal Place of Business:

2711 W 15TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

2711 W 15TH STREET
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: CHM
Name: CABLE, ROLLIN
Address: 2711 W 15TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: CEO
Name: CABLE, TERI L
Address: 2711 W 15TH STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: HENRY, JIM
Address: 5991 PONDER LANE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PRES
Name: LEE, SANDR
Address: 2711 W 15TH STREET
City-St-Zip: PANAMA CITY, FL 32408

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

SIGNATURE: ROLLIN CABLE

C

04/26/2012

Electronic Signature of Signing Officer or Director

Date