

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 14, 2006
Secretary of State**

DOCUMENT# N98000001070

Entity Name: NATURE'S PLACE THERAPY SERVICES, INCORPORATED

Current Principal Place of Business:

1316 SOUTH BOULEVARD WEST
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

1316 SOUTH BOULEVARD WEST
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3480641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DEBORAH L
1316 SOUTH BOULEVARD WEST
DAVENPORT, FL 33837 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: ADAMS, DEBORAH L
Address: 1316 SOUTH BLVD WEST
City-St-Zip: DAVENPORT, FL 33837

Title: LD () Delete
Name: CORBIN, NORMAN L
Address: 7936 SNOWBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: CD () Delete
Name: SMITH, FRANCES DR
Address: 100 FAIRWAY CIRCLE WEST
City-St-Zip: VALDOSTA, GA 31602

Title: CD () Delete
Name: HAGERTY, DONNA
Address: 6167 LAKE TAHOE DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: MBD () Delete
Name: BONDOC, JERRY
Address: 717 SOMERSTONE DR.
City-St-Zip: VALRICO, FL 33594

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 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: DEBORAH L. ADAMS

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

_____ Date