

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054872

FILED
Apr 17, 2008
Secretary of State

Entity Name: OCCUPATIONAL THERAPY SERVICES INC.

Current Principal Place of Business:

1480 W 68 ST #101
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1480 W 68 STREET, #101
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-1013741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, J M ESQ
1801 SW 3 AVE
6TH FLOOR
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

PEREZ, J M ESQ
7975 NW 154 STREET
420
MIAMI LAKES, FL 33016 US

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: JUAN M PEREZ

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DUMAN PEREZ, CARMEN
Address: 6985 GLENEAGLE DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: V () Delete
Name: DUMAN, MIRIAM
Address: 6980 SILVER OAK DRIVE
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: CARMEN D PEREZ

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date