

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030364

FILED  
Jan 21, 2006  
Secretary of State

Entity Name: SUPERIOR THERAPY SERVICES, INC.

## Current Principal Place of Business:

315 NE 10TH AVE  
SUITE A  
CRYSTAL RIVER, FL 34429

## New Principal Place of Business:

315 NE 10TH AVE  
CRYSTAL RIVER, FL 34429

## Current Mailing Address:

315 NE 10TH AVE  
SUITE A  
CRYSTAL RIVER, FL 34429

## New Mailing Address:

315 NE 10TH AVE  
CRYSTAL RIVER, FL 34429

FEI Number: 65-1090078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, JASON  
19 PAGODA DR., STE. A  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

CAMPBELL, JASON  
19 PAGODA DR.  
HOMOSASSA, FL 34446 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:

01/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAMPBELL, DEBORAH R  
Address: 19 PAGODA DR., STE. A  
City-St-Zip: HOMOSASSA, FL 34446

Title: VCEO ( ) Delete  
Name: CAMPBELL, JASON  
Address: 19 PAGODA DR., STE. A  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete  
Name: CAMPBELL, JASON  
Address: 19 PAGODA DR., STE. A  
City-St-Zip: HOMOSASSA, FL 34446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, DEBORAH R  
Address: 19 PAGODA DR.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VCEO (X) Change ( ) Addition  
Name: CAMPBELL, JASON  
Address: 19 PAGODA DR.  
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change ( ) Addition  
Name: CAMPBELL, JASON  
Address: 19 PAGODA DR.  
City-St-Zip: HOMOSASSA, FL 34446

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

SIGNATURE: DEBORAH R. CAMPBELL

PD

01/21/2006

Electronic Signature of Signing Officer or Director

Date