

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030364

FILED
Apr 30, 2007
Secretary of State

Entity Name: SUPERIOR THERAPY SERVICES, INC.

Current Principal Place of Business:

315 NE 10TH AVE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

315 NE 10TH AVE
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 65-1090078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAMPBELL, JASON
14 DRYPETES COURT WEST
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: JASON CAMPBELL

04/30/2007

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.
City-St-Zip: HOMOSASSA, FL 34446

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, DEBORAH R
Address: 14 DRYPETES COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: VCEO (X) Change () Addition
Name: CAMPBELL, JASON
Address: 14 DRYPETES COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change () Addition
Name: CAMPBELL, JASON
Address: 14 DRYPETES COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

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: JASON CAMPBELL

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date