2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# P01000030364

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 ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JASON
14 DRYPETES COURT WEST
HOMOSASSA, FL 34446 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: PD
Name: CAMPBELL, DEBORAH R
Address: 14 DRYPETES COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: CEO
Name: CAMPBELL, JASON
Address: 14 DRYPETES COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: CAMPBELL, JASON
Address: 14 DRYPETES COURT WEST
City-St-Zip: HOMOSASSA, FL 34446

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

SIGNATURE: DEBORAH R. CAMPBELL PD 01/09/2012

Electronic Signature of Signing Officer or Director Date