2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P01000050275

Entity Name: THERAPY SERVICES OF THE TREASURE COAST, INC.

Current Principal Place of Business:

2061 SE CROWBERRY DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

PO BOX 7910
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-1101969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEETS, BARRY M ESQ
2400 SE VETERANS MEMORIAL PARKWAY
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

DEETS, BARRY M ESQ
2400 SE VETERANS MEMORIAL PARKWAY
SUITE 206
PORT ST. LUCIE, FL 34952 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: BARRY M DEETS 01/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEETS, BARRY M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

Title: ST ( ) Delete
Name: DEETS, BARRY M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

Title: P (X) Delete
Name: DEETS, ROBIN M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: DEETS, BARRY M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

Title: DP (X) Change ( ) Addition
Name: DEETS, ROBIN M
Address: PO BOX 7910
City-St-Zip: PORT ST LUCIE, FL 34985

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: ROBIN M DEETS P 01/15/2008
Electronic Signature of Signing Officer or Director Date