

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079756

FILED
Apr 04, 2011
Secretary of State

Entity Name: PARAMOUNT THERAPY SERVICES, INC.

Current Principal Place of Business:

1402 NEW JERSEY AVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1402 NEW JERSEY AVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3739075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTLE, CRAIG
1402 NEW JERSEY AVE.
LYNN HAVEN, FL 32444 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: P
Name: WHITTLE, CRAIG
Address: 1402 NEW JERSEY AVE.
City-St-Zip: LYNN HAVEN, FL 32444

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: CRIAG WHITTLE

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date