

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084705

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: LAMPERT'S HOME THERAPY, INC.

## Current Principal Place of Business:

8524 118TH AVE. NORTH  
SUITE 100  
LARGO, FL 33773 US

## New Principal Place of Business:

## Current Mailing Address:

8524 118TH AVE. NORTH  
SUITE 100  
LARGO, FL 33773 US

## New Mailing Address:

FEI Number: 59-3741806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMPERT, HAROLD M III  
11165 8TH ST EAST  
TREASURE ISLAND, FL 33706 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAMPERT, HAROLD M MS, OTR  
Address: 11165 8TH ST EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: V ( ) Delete  
Name: LAMPERT, ROSE M MS, PT  
Address: 11165 8TH ST EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HAROLD LAMPERT

P

02/10/2009

Electronic Signature of Signing Officer or Director

Date