

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000010355

FILED
Apr 29, 2003
Secretary of State

Entity Name: GERIATRIC THERAPY SERVICES, INC.

Current Principal Place of Business:

5918 ST RD 542 WEST
WINTER HAVEN, FL 33880

New Principal Place of Business:

5918 ST RD 542 WEST
SUITE 106
WINTER HAVEN, FL 33880

Current Mailing Address:

5918 ST RD 542 WEST
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 03-0384761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENAUULT, ALICE M
5918 ST RD 542 WEST
WINTER HAVEN, FL 33880 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: PSTD () Delete
Name: SEYMOUR, PAMALA A
Address: 5918 ST RD 542 WEST
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: SEYMOUR, MORRIS T
Address: 5918 ST RD 542 WEST
City-St-Zip: WINTER HAVEN, FL 33880

Title: V (X) Delete
Name: ENAUULT, ALICE M
Address: 119 ST. KITTS
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change () Addition
Name: ENAUULT, ALICE M
Address: 5918 ST RD 542 WEST
City-St-Zip: WINTER HAVEN, FL 33880

Title: DCM (X) Change () Addition
Name: ENAUULT, ALICE M
Address: 5918 ST RD 542 WEST
City-St-Zip: WINTER HAVEN, FL 33880

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALICE M. ENAUULT

P/D

04/29/2003

Electronic Signature of Signing Officer or Director

Date