

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037158

FILED
Apr 09, 2009
Secretary of State

Entity Name: QUALITY HANDS ON THERAPY, INC.

Current Principal Place of Business:

320 WEST OAK TERRACE
SUITE 118
LEESBURG, FL 34748

New Principal Place of Business:

734 N. 3RD STREET
SUITE 105
LEESBURG, FL 34748

Current Mailing Address:

320 WEST OAK TERRACE
SUITE 118
LEESBURG, FL 34748

New Mailing Address:

734 N. 3RD STREET
SUITE 105
LEESBURG, FL 34748

FEI Number: 45-0472788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULL, SCOTTIE
1331 DEERFOOT ROAD
DELAND, FL 32720 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 T () Delete
Name: BULL, SCOTTIE
Address: 1331 DEERFOOT ROAD
City-St-Zip: DELAND, FL 32720

Title: VS () Delete
Name: VERGAUWEN, WIM
Address: 103 SWEETWATER BLVD NORTH
City-St-Zip: LONGWOOD, FL 32779

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: SCOTTIE M BULL

P T

04/09/2009

Electronic Signature of Signing Officer or Director

Date