



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000042284</b> 1. Entity Name FLORIDA THERAPY, INC.		
Principal Place of Business 1242 WEST PORTILLO DRIVE DELTONA, FL 32725 US	Mailing Address 1242 WEST PORTILLO DRIVE DELTONA, FL 32725 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HALICZER, JAMES S ESQ 101 NORTHEAST THIRD AVENUE SUITE 600 FORT LAUDERDALE, FL 33301		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRACEY, MARK F 1242 W. PORTILLO DR. DELTONA, FL 32725	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-15-08 (386) 527-2005 <small>Date Daytime Phone #</small>



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 48-1257117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U000000840012  
03/06/08-80032-005 150.00

**DO NOT WRITE  
IN THIS SPACE**