

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000068985

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** RESPONSE THERAPY SERVICES, INCORPORATED

**Current Principal Place of Business:**

727 HUDSON AVE  
PHYSICAL THERAPY  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

935 N BENEVA RD  
SUITE 719  
SARASOTA, FL 34232 US

**Current Mailing Address:**

P.O. BOX 52767  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:** 27-0019248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EKES, STEPHEN E  
7637 HEYWARD CIRCLE  
UNIVERSITY PARK, FL 34201 US

**Name and Address of New Registered Agent:**

EKES, STEPHEN E  
1324 FAWNWOOD CIRCLE  
SARASOTA, FL 34232 US

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: STEPHEN EKES

05/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: EKES, STEPHEN E  
Address: 1324 FAWNWOOD CIRCLE  
City-St-Zip: SARASOTA, FL 34232

Title: VICE  
Name: EKES, TAMMY C  
Address: 1324 FAWNWOOD CIRCLE  
City-St-Zip: SARASOTA, FL 34232

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: STEPHEN EKES

PRES

05/23/2011

Electronic Signature of Signing Officer or Director

Date