FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90043 025 ***150.00

DOCUMENT # P02000086554

1. Entity Name
J.P. Therapy Services, Inc.

20022711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14062 SW 144th Pkwy Suite, Apt. #, etc.	14062 SW 144th Pkwy Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34974 Country: USA	Zip: 34974 Country: USA

4. FEI Number 33-1017913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Laura Pasquale

Street Address (P.O. Box Number is Not Acceptable): 14062 SW 144th Pkwy

City: Okeechobee FL Zip Code: 34974

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Pasquale, Laura
STREET ADDRESS	14062 SW 144th Pkwy
CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	VTS
NAME	Pasquale, John
STREET ADDRESS	14062 SW 144th Pkwy
CITY-ST-ZIP	Okeechobee, FL 34974
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laura Pasquale Laura Pasquale 1/30/2003 (863) 763-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #