

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108857

FILED
Jan 18, 2004
Secretary of State

Entity Name: K & L THERAPY SERVICES, INC.

Current Principal Place of Business:

1219 TWIN RIVERS BOULEVARD
OVIEDO, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 621016
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 02-0650450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ-MATIAS, VERONICA
1208 TWIN RIVERS BOULEVARD
OVIEDO, FL 32766 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: O () Delete
Name: SANTIAGO, LOURDES M
Address: 1219 TWIN RIVERS BLVD.
City-St-Zip: OVIEDO, FL 32766

Title: O () Delete
Name: NAIDU, KAVITHA
Address: 10600 BLOOMFIELD DR. #1224
City-St-Zip: ORLANDO, FL 32828

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 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: LOURDES M SANTIAGO

O

01/18/2004

Electronic Signature of Signing Officer or Director

Date