

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000024542

1. Entity Name  
THERAPY RESULTS, P.A.



**FILED  
Apr 12, 2006 8:00 am  
Secretary of State**

04-12-2006 90096 008 \*\*\*150.00

10<sup>th</sup> Apr 2006 8:00 AM



03262006 Chg-P CR2E034 (11/05)

Principal Place of Business  
2051 PROFESSIONAL CENTER  
ORANGE PARK, FL 32073

Mailing Address  
1781 SHOAL CREEK CIR.  
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business

3. Mailing Address  
11661 Surfbird Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville, FL

Zip

Zip

32256

Country

USA

4. FEI Number  
83-0350331

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOND, MAUREEN  
1781 SHOAL CREEK CIR.  
GREEN COVE SPRINGS, FL 32043

only  
new  
address

7. Name and Address of New Registered Agent

Name  
Maureen Bond

Street Address (P.O. Box Number is Not Acceptable)

11661 Surfbird Circle

City Jacksonville FL Zip Code 32256

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

Maureen Bond

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME BOND, MAUREEN  
STREET ADDRESS 1781 SHOAL CREEK CIR.  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

Change  Addition  
TITLE *11660 Surfbird Circle*  
NAME *Jacksonville, FL 32256*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Maureen Bond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-505-3900

Spri 10, 2006 Daytime Phone #