

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # P03000024542**

1. Entity Name  
**THERAPY RESULTS, P.A.**



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

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

*1-00 2800 250*



2. Principal Place of Business

3. Mailing Address  
**11661 Surfbird Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262006 Chg-P CR2E034 (11/05)

City & State

City & State  
**Jacksonville, FL.**

4. FEI Number  
**83-0350331**

Applied For  
Not Applicable

Zip

Country

Zip  
**32256**

Country  
**USA**

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)

**4/10/06**

DATE

**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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BOND, MAUREEN</b><br><b>1781 SHOAL CREEK CIR</b><br><b>GREEN COVE SPRINGS, FL 32043</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>11661 Surfbird Circle</b><br><b>Jacksonville, FL 32256</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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**  
**April 10, 2006**  
Date Daytime Phone #