2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P03000051747

Entity Name: THE BEST ADULT AND CHILDREN'S THERAPY SERVICES OF BAY COUNTY, INC.

Current Principal Place of Business:

8317 FRONT BEACH ROAD
PROMENADE MALL, SUITE 34 C
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

8317 FRONT BEACH ROAD
PROMENADE MALL, SUITE 34 C
PANAMA CITY BEACH, FL 32408

New Mailing Address:

FEI Number: 20-0016643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SURVANT, MAUREEN C
13100 WHITE WESTERN SPRINGS RD
PANAMA CITY, FL 32409 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: PRES ( ) Delete
Name: SURVANT, MAUREEN C PRES
Address: 8317 FRONT BEACH ROAD SUITE 34 C
City-St-Zip: PANAMA CITY, FL 32407 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: MAUREEN C SURVANT PRES 04/11/2007
Electronic Signature of Signing Officer or Director Date