

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051747

FILED
Apr 08, 2011
Secretary of State

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 32407

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: SURVANT, MAUREEN C PRES
Address: 8317 FRONT BEACH ROAD SUITE 34 C
City-St-Zip: PANAMA CITY, FL 32407 US

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN C SURVANT

PRES

04/08/2011

Electronic Signature of Signing Officer or Director

Date