

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054828

FILED  
Aug 30, 2008  
Secretary of State

**Entity Name:** JAMES FORTIER OCCUPATIONAL THERAPY SERVICES, INC.

**Current Principal Place of Business:**

5467 SE 44TH CIR  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 6022  
OCALA, FL 34478

**New Mailing Address:**

5467 SE 44TH CIR  
OCALA, FL 34480

**FEI Number:** 22-3897438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORTIER, JAMES  
5467 S.E. 44TH CIR.  
OCALA,, FL 34480 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: FORTIER, JAMES  
Address: POST OFFICE BOX 6022  
City-St-Zip: OCALA, FL 34478

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: FORTIER, JAMES  
Address: 5467 SE 44TH CIR  
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify 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: JAMES FORTIER

P/D

08/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date