

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058526

FILED
May 01, 2008
Secretary of State

Entity Name: LEAPS & BOUNDS PEDIATRIC THERAPY, INC.

Current Principal Place of Business:

3301 SW 34TH CIRCLE
SUITE 202
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3301 SW 34TH CIRCLE
SUITE 202
OCALA, FL 34474

New Mailing Address:

FEI Number: 06-1695268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEAL, JENNIFER B
1915 SE 11TH STREET
OCALA, FL 34471 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 () Delete
Name: O'NEAL, JENNIFER
Address: 1915 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: LABAGH, JESSICA L
Address: 1420 SE 20TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JESSICA LABAGH

S

05/01/2008

Electronic Signature of Signing Officer or Director

Date