

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066533

FILED
Feb 10, 2006
Secretary of State

Entity Name: FLORIDA THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

2220 CR 210 W
SUITE#108-235
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

2220 CR 210 W
SUITE#108-235
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 16-1673105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAISLIP, STEPHANIE
717 E AMERICAN EAGLE DRIVE
ST. AUGUSTINE, FL 32092 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: D () Delete
Name: HAISLIP, G. ANDREW
Address: 717 E AMERICAN EAGLE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: HAISLIP, STEPHANIE
Address: 717 E AMERICAN EAGLE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: HAISLIP, CHRISTINA L
Address: 450-106 STATE RD 13 N #135
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: HAISLIP, STEPHANIE A
Address: 717 E AMERICAN EAGLE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: O (X) Change () Addition
Name: HAISLIP, C.L.
Address: 717 E. AMERICAN EAGLE DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

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: STEPHANIE HAISLIP

O

02/10/2006

Electronic Signature of Signing Officer or Director

Date