2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# P03000066533

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:

1760 24TH AVE COURT NE
HICKORY, NC 28601

New Mailing Address:

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

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
1760 24TH AVE COURT NE
HICKORY, FL 28601 US

Name and Address of New Registered Agent:

HAISLIP, STEPHANIE A
2220 CR 210 W
SUITE#108-235
JACKSONVILLE, FL 32259 US

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: STEPHANIE HAISLIP 10/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAISLIP, G. ANDREW
Address: 1760 24TH AVE COURT NE
City-St-Zip: HICKORY, NC 28601

Title: S/T ( ) Delete
Name: HAISLIP, STEPHANIE A
Address: 1760 24TH AVE COURT NE
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAISLIP, G. ANDREW
Address: 2220 CR 210 W SUITE#108-235
City-St-Zip: JACKSONVILLE, FL 32259

Title: S/T (X) Change ( ) Addition
Name: HAISLIP, S A
Address: 2220 CR 210 W SUITE#108-235
City-St-Zip: JACKSONVILLE, FL 32259

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: STEPHANIE HAISLIP S/T 10/08/2007
Electronic Signature of Signing Officer or Director Date