2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066533

Entity Name: FLORIDA THERAPY SOLUTIONS, INC.

2220 CR 210 W SUITE#108-235

JACKSONVILLE, FL 32259

Address:

City-St-Zip:

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2220 CR 210 W SUITE#108-235 JACKSONVILLE, FL 32259 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HAISLIP, G. ANDREW Name: Name: 2220 CR 210 W SUITE#108-235 Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HAISLIP, S A 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: STEPHANIE HAISLIP S/T 01/21/2008