2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
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:

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

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE HAISLIP S/T 02/18/2011

Electronic Signature of Signing Officer or Director Date