

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000079068

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** ON THE GO THERAPY SERVICES, INC.

**Current Principal Place of Business:**

13638 2ND AVE. NE  
BRADENTON, FL 34212

**New Principal Place of Business:**

5968 CLARK CENTER AVE  
SARASOTA, FL 34238

**Current Mailing Address:**

P.O. BOX 50681  
SARASOTA, FL 34232

**New Mailing Address:**

5968 CLARK CENTER AVE  
SARASOTA, FL 34238

**FEI Number:** 55-0843246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANK, JULIE A  
13638 2ND AVE. NE  
BRADENTON, FL 34212 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: DPS  
Name: BLANK, JULIE A  
Address: 13638 2ND AVE. NE  
City-St-Zip: BRADENTON, FL 34212

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: JULIE A. BLANK

DPS

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date