

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157057

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA THERAPY SERVICES, INC

**Current Principal Place of Business:**

818 NE 206 STREET  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

818 NE 206 STREET  
MIAMI, FL 33179 US

**New Mailing Address:**

**FEI Number:** 20-0544300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VELASCO, ISABEL  
818 NE 206 STREET  
MIAMI, FL 33179 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: P ( ) Delete  
Name: VELASCO, ISABEL  
Address: 818 NE 206 STREET  
City-St-Zip: MIAMI, FL 33179 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
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:** ISABEL VELASCO

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02/20/2009

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

\_\_\_\_\_  
Date