

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000047260

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** OTTER THERAPY SOLUTIONS, INC.

**Current Principal Place of Business:**

2926 S. MORNINGSIDE COURT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2926 S. MORNINGSIDE COURT  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 57-1200901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMALL, KAREN M PRESIDE  
2926 S. MORNINGSIDE CT.  
OVIEDO, FL 32765 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: SMALL, KAREN M  
Address: 2926 S. MORNINGSIDE COURT  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: SMALL, DABNEY  
Address: 2926 S. MORNINGSIDE COURT  
City-St-Zip: OVIEDO, FL 32765

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: DABNEY SMALL

VP

05/01/2012

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

\_\_\_\_\_  
Date