

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000121918

**FILED**  
**Jun 15, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA THERAPY SERVICES II, INC.

**Current Principal Place of Business:**

648 FLORIDA AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

648 FLORIDA AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 20-1512168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, JOHN D  
626 LUVERNE AVE  
PANAMA CITY, FL 32401 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: TVP ( ) Delete  
Name: CABLE, TERI L  
Address: 3022 W. 30TH COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: PS ( ) Delete  
Name: CABLE, ROLLIN  
Address: 3022 W 30TH COURT  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: VP (X) Change ( ) Addition  
Name: CABLE, TERI L  
Address: 3022 W. 30TH COURT  
City-St-Zip: PANAMA CITY, FL 32401

Title: P (X) Change ( ) Addition  
Name: CABLE, ROLLIN  
Address: 3022 W 30TH COURT  
City-St-Zip: PANAMA CITY, FL 32405

Title: S/T ( ) Change (X) Addition  
Name: CLARK, MICHAEL D  
Address: 1429 INDIAN TRAIL N.  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERI L. CABLE

VP

06/15/2005

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

\_\_\_\_\_  
Date