

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008387

FILED
Apr 27, 2011
Secretary of State

Entity Name: FRES THERAPY SERVICES, INC.

Current Principal Place of Business:

17633 GUNN HWY
SUITE 137
ODESSA, FL 33556 US

New Principal Place of Business:

5004 E. FOWLER AVE.
SUITE 361
TAMPA, FL 33617 US

Current Mailing Address:

17633 GUNN HWY
SUITE 137
ODESSA, FL 33556 US

New Mailing Address:

5004 E. FOWLER AVE.
SUITE 361
TAMPA, FL 33617 US

FEI Number: 20-2180202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRES, JOSE LUIS M
17633 GUNN HWY
SUITE 137
ODESSA, FL 34677 US

Name and Address of New Registered Agent:

FRES, JOSE LUIS M
5004 E. FOWLER AVE,
SUITE 361
TAMPA, FL 33617 US

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:

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FRES, JOSE LUIS M
Address: 5004 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 33617 US

Title: S
Name: FRES, GEORGIANNA G
Address: 5004 E. FOWLER AVE.
City-St-Zip: TAMPA, FL 33617 US

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: JOSE LUIS FRES

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date