

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023593

FILED  
Sep 18, 2009  
Secretary of State

Entity Name: PROGRESSIVE THERAPY SOLUTIONS, INC.

## Current Principal Place of Business:

6400 MELALUCA LANE  
GREENACRES, FL 33463

## New Principal Place of Business:

6400 MELALUCA LANE  
LAKE WORTH, FL 33463

## Current Mailing Address:

636 RAMBLING DRIVE CIRCLE  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 65-1243024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAMPS, PAUL  
636 RAMBLING DRIVE CIRCLE  
WELLINGTON, FL 33414 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KAMPS, KRISTIE  
Address: 636 RAMBLING DRIVE CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: VSTD ( ) Delete  
Name: KAMPS, PAUL  
Address: 636 RAMBLING DRIVE CIR  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: KAMPS, KRISTIE  
Address: 636 RAMBLING DRIVE CIR  
City-St-Zip: WELLINGTON, FL 33414

Title: DIR (X) Change ( ) Addition  
Name: KAMPS, PAUL  
Address: 636 RAMBLING DRIVE CIR  
City-St-Zip: WELLINGTON, FL 33414

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: PAUL KAMPS

DIR

09/18/2009

Electronic Signature of Signing Officer or Director

Date