# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2007**
**Secretary of State**

DOCUMENT# P05000058097

**Entity Name:** LALLY THERAPY SERVICES, INC.

**Current Principal Place of Business:**

8410 144TH LANE
SEMINOLE, FL 33776

**New Principal Place of Business:**

8140 BAYHAVEN DR.
SEMINOLE, FL 33776

**Current Mailing Address:**

8140 BAYHAVEN DR
SEMINOLE, FL 33776 US

**New Mailing Address:**

**FEI Number: 20-2658325** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LALLY, PETER S
8410 144TH LANE
SEMINOLE, FL 33776 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: VP ( ) Delete
Name: MACCOLLOM, STUART
Address: 8140 BAYHAVEN DR
City-St-Zip: SEMINOLE, FL 33776

Title: S ( ) Delete
Name: LALLY, EILEEN
Address: 8410 144TH LN
City-St-Zip: SEMINOLE, FL 33776

Title: P ( ) Delete
Name: LALLY, PETER
Address: 8410 144 TH LN
City-St-Zip: SEMINOLE, FL 33776

Title: T ( ) Delete
Name: MACCOLLOM, ELAINE
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MACCOLLOM, ELAINE R
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the 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: ELAINE R. MACCOLLOM T 01/15/2007

Electronic Signature of Signing Officer or Director — Date