


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P05000082381</b><br>1. Entity Name<br>LEAPS AND BOUNDS PEDIATRIC THERAPY SERVICES,<br>INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>371 S.W. UNDALLO ROAD<br>PORT SAINT LUCIE, FL 34953 US | Mailing Address<br>371 S.W. UNDALLO ROAD<br>PORT SAINT LUCIE, FL 34953 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>20-2965704                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>BIANCO, EDWARD L MR.<br>371 S.W. UNDALLO ROAD<br>PORT SAINT LUCIE, FL 34953 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature on file Charlotte Bianco President 5/1/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BIANCO, CHARLOTTE L MRS.<br>371 S.W. UNDALLO ROAD<br>PORT SAINT LUCIE, FL 34953 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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05/25/07-80043-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature on file Charlotte Bianco  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07  
Date

Daytime Phone #