## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000123067

City-St-Zip:

Entity Name: SUNCOAST THERAPY SERVICES, INC

FILED Apr 04, 2008 Secretary of State

•			,					
Current Principal Place of Business:				New Principal Place of Business:				
	TERTOWN R DRT, FL 3428							
Current Mailing Address:				New Mailing Address:				
	TERTOWN R DRT, FL 3428			105 REDP OLD BRID				
FEI Number:	20-3438104	FEI Number Applied For()	FEI Numb	per Not Appl	icable ( )	Certific	ate of Status Desired (	)
Name and	Address of (	t: <b>1</b>	Name and Address of New Registered Agent:					
NORTH PC	rÉRTOWN R DRT, FL 3428 named entity		the purpose of	changing i	ts register	ed office or	registered agent, or	both,
in the State	of Florida.							
SIGNATUR								
	Electror	nic Signature of Registered	Agent				Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ( ODENDAAL, R 6869 REISTER NORTH PORT,	TOWN ROAD	N #	Fitle: Name: Address: City-St-Zip:		()Change	( ) Addition	
Title: Name:	(	) Delete	N	Fitle: Name:	VP SINCLAIR	ANDREW	(X) Addition	

City-St-Zip: OLD BRIDGE, NJ 08857

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: RIETTE ODENDAAL P 04/04/2008