

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000123067

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

6869 REISTERTOWN ROAD  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

105 REDPINE LOOP  
OLD BRIDGE, NJ 08857

**New Mailing Address:**

**FEI Number:** 20-3438104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ODENDAAL, RIETTE  
6869 REISTERTOWN ROAD  
NORTH PORT, FL 34286 US

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

SINCLAIR, RIETTE O  
6869 REISTERTOWN ROAD  
NORTH PORT, FL 34286 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: RIETTE ODENDAAL SINCLAIR

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SINCLAIR, RIETTE O  
Address: 6869 REISTERTOWN ROAD  
City-St-Zip: NORTH PORT, FL 34286

Title: VP  
Name: SINCLAIR, ANDREW  
Address: 105 REDPINE LOOP  
City-St-Zip: OLD BRIDGE, NJ 08857

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: RIETTE ODENDAAL SINCLAIR

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date