

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142834

FILED
Jan 16, 2008
Secretary of State

Entity Name: ABC THERAPIES OF FLORIDA, INC.

Current Principal Place of Business:

890 NORTHERN WAY
SUITE F1
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 195428
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 20-3666265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, DAVID
890 NORTHERN WAY
SUITE F1
WINTER SPRINGS, FL 32708 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: D () Delete
Name: TOWNSEND, CHERYL
Address: 890 NORTHERN WAY, SUITE F1
City-St-Zip: WINTER SPRINGS, FL 32719

Title: M () Delete
Name: TOWNSEND, DAVID
Address: 890 NORTHERN WAY, SUITE F1
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID M TOWNSEND

DIR

01/16/2008

Electronic Signature of Signing Officer or Director

Date