2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014049

FILED Aug 30, 2007 Secretary of State

Entity Name: PLANTATION OCCUPATIONAL THERAPY, INCORPORATED

Current Principal Place of Business:			New Principal Place	of Business:	
2691 CLIPP	ER CIRCLE VI BEACH, FL		new i imeipai i iace	5. 2 45553	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ER CIRCLE M BEACH, FL	33411			
FEI Number: 5	59-2320999	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2691 CLIPP	I, HOWARD ER CIRCLE M BEACH, FL	33411 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.					
SIGNATURI	≣:				
	Electronic	Signature of Registered Agent		Date	
		2)(b), F.S., the corporation did not red Trust Fund Contribution ().	ceive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () C KALKSTEIN, HOV 2691 CLIPPER C WEST PALM BEA	IRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	VP () C KALKSTEIN, AUC 2691 CLIPPER C WEST PALM BEA	IRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HOWARD KALSTEIN PRES 08/30/2007