2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# P06000050584

Entity Name: COMPREHENSIVE THERAPY SERVICES, INC.

Current Principal Place of Business:

5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-4660536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WENDY, SINES
5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986 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

OFFICERS AND DIRECTORS:

Title: D
Name: SINES, WENDY
Address: 5255 NW GAMMA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: MAYRA, TORRES
Address: 5255 NW GAMMA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: WENDY SINES D 04/20/2011

Electronic Signature of Signing Officer or Director Date