

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111134

FILED
Jul 09, 2009
Secretary of State

Entity Name: CHASE PEDIATRIC THERAPY SERVICES, INC.

Current Principal Place of Business:

1525 S ALAFAYA TRAIL
SUITE 101
ORLANDO, FL 32828

New Principal Place of Business:

2445 CYPRESS TRACE CIR
ORLANDO, FL 32825

Current Mailing Address:

2445 CYPRESS TRACE CIR
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 20-5437598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHASE, LINDA T
2445 CYPRESS TRACE CIRCLE
ORLANDO, FL 32825 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHASE, LINDA T
Address: 2445 CYPRESS TRACE CIR
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINDA CHASE

MS.

07/09/2009

Electronic Signature of Signing Officer or Director

Date