

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90018 013 \*\*\*150.00

<b>DOCUMENT # P07000004789</b> 1. Entity Name <b>MURPHY'S OCCUPATIONAL THERAPY SERVICES, INC.</b>					
Principal Place of Business <b>2301 S CONGRESS AVE #123 BOYNTON BEACH, FL 33426</b>			Mailing Address <b>2301 S CONGRESS AVE #123 BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business - No P.O. Box # <b>12769 Tulipwood Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>12769 Tulipwood Circle</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton Florida</b>		City & State <b>Boca Raton Florida</b>		4. FEI Number <b>20-8220422</b>	
Zip <b>33428</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURPHY, DANA LYNN M 2301 S CONGRESS AVE #123 BOYNTON BEACH, FL 33426</b>				7. Name and Address of New Registered Agent Name <b>MURPHY, DANA LYNN M</b> Street Address (P.O. Box Number is Not Acceptable) <b>12769 TULIPWOOD CIR</b> City <b>BOCA RATON</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE <u><i>Dana Lynn M. Murphy</i></u> <small>Signature of, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>2/27/08</u>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete <b>MURPHY, DANA LYNN M 2301 S CONGRESS AVE BOYNTON BEACH, FL 33426</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MURPHY, DANA LYNN M 12769 TULIPWOOD CIR BOCA RATON, FL 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dana Lynn M. Murphy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/27/08</u> Daytime Phone #: <u>561-445-7168</u>		