

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010318

FILED
Mar 15, 2008
Secretary of State

Entity Name: NORTHEAST FLORIDA THERAPY, INC.

Current Principal Place of Business:

258 JOHNS CREEK PARKWAY
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

258 JOHNS CREEK PARKWAY
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-8275418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAN, CHARISSA K
258 JOHNS CREEK PARKWAY
ST. AUGUSTINE, FL 32092 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: FONTAN, CHRISSA K
Address: 258 JOHNS CREEK PARKWAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: GRADY, T. ELAINE
Address: 1571 RIVERTRACE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete
Name: FLETCHER, ARDIS J
Address: 3669 SHINNECOCK LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FONTAN, CHARISSA K
Address: 258 JOHNS CREEK PARKWAY
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: FLETCHER, ARDIS J
Address: 3669 SHINNECOCK LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: ARDIS J FLETCHER

D

03/15/2008

Electronic Signature of Signing Officer or Director

Date