2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P07000059484

Entity Name: THERAPY RESOURCE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6764 RIENZO STREET
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6764 RIENZO STREET
LAKE WORTH, FL 33467

New Mailing Address:

6764 RIENZO ST
LAKE WORTH, FL 33467 US

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

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

LASSER, NORMA DIR.
6764 RIENZO ST
LAKE WORTH, FL 33467 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.

SIGNATURE: NORMA LASSER 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LASSER, NORMA
Address: 6764 RIENZO STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: BOUERR, AMY
Address: 6764 RIENZO STREET
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: LASSER, NORMA
Address: 6764 RIENZO STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: PRES (X) Change ( ) Addition
Name: BOUER, AMY L PRES
Address: 6764 RIENZO STREET
City-St-Zip: LAKE WORTH, FL 33467

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: NORMA LASSER DIR 01/08/2008
Electronic Signature of Signing Officer or Director Date