2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# P07000097903

Entity Name: MICHELE R. MIKOLAJCZAK OTR THERAPY SERVICES, INC.

Current Principal Place of Business:

8670 S.W. 16 COURT
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

8670 S.W. 16 COURT
PEMBROKE PINES, FL 33025 US

New Mailing Address:

6950 CYPRESS ROAD
106
PLANTATION, FL 33324 US

FEI Number: 26-1387375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIKOLAJCZAK, MICHELE
8670 S.W. 16 COURT
PEMBROKE PINES, FL 33025 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,D ( ) Delete
Name: MIKOLAJCZAK, MICHELE R
Address: 8670 S.W. 16 COURT
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: MICHELE MIKOLAJCZAK P 05/02/2008

Electronic Signature of Signing Officer or Director Date