

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005230

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** COLONIAL THERAPY CENTER INC

**Current Principal Place of Business:**

4531 DE LEON ST  
203  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

4531 DE LEON ST  
203  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 26-1756035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, WILLIAM A  
1089 W GRANADA BLVD  
3  
ORMOND BEACH, FL 32174 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: P  
Name: HALL, WILLIAM A  
Address: 1089 W GRANADA BLVD SUITE 3  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM A. HALL

P

01/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date