

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020982

Entity Name: SUPERB THERAPY, INC.

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

30333 SW 152 PLACE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

30333 SW 152 PLACE  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number: 26-2067238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABUT, SARA  
30333 SW 152 PLACE  
HOMESTEAD, FL 33033 US

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

ABUT, SARA MSPT  
30333 SW 152 PLACE  
HOMESTEAD, FL 33033 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: SARA ABUT

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABUT, SARA  
Address: 30333 SW 152 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ABUT, SARA MSPT  
Address: 30333 SW 152 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

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: SARA ABUT

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date