

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024652

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: LABASBAS THERAPY SERVICES,P.A.

**Current Principal Place of Business:**

9171 S.W. 54TH TERRACE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

9171 S.W. 54TH TERRACE  
OCALA, FL 34476

**New Mailing Address:**

FEI Number: 26-2198293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LABASBAS, JESSIE L  
9171 S.W. 54TH TERACE  
OCALA, FL 34476 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 ( ) Delete  
Name: LABASBAS, JESSIE L  
Address: 9171 S.W. 54TH TERRACE  
City-St-Zip: OCALA, FL 34476

Title: VP ( ) Delete  
Name: LABASBAS, JEANNE  
Address: 9171 S.W. 54TH TERRACE  
City-St-Zip: OCALA, FL 34476

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JESSIE LABASBAS

P

03/21/2009

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

\_\_\_\_\_  
Date