2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P08000099209

Entity Name: OUTSOURCE THERAPY GROUP, INC

Current Principal Place of Business:

1445 N CONGRESS AVENUE
SUITE 10
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

1445 N CONGRESS AVENUE
SUITE 10
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 26-3661300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBBINS, EVE SNITKER M
1445 N CONGRESS AVENUE
SUITE 10
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

ROBBINS, EVE SNITIKER M
1445 N CONGRESS AVENUE
SUITE 10
DELRAY BEACH, FL 33445 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: EVE SNITIKER ROBBINS 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBBINS, EVE SNITKER
Address: 1445 N CONGRESS AVENUE #10
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROBBINS, EVE SNITIKER
Address: 1445 N CONGRESS AVENUE #10
City-St-Zip: DELRAY BEACH, FL 33445 US

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: EVE SNITIKER ROBBINS P 03/24/2009
Electronic Signature of Signing Officer or Director Date