

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000099209

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** OUTSOURCE THERAPY GROUP, INC

**Current Principal Place of Business:**

980 N FEDERAL HWY STE 224  
BOCA RATON, FL 334322711 US

**New Principal Place of Business:**

980 N FEDERAL HWY  
SUITE #224  
BOCA RATON, FL 334322711 US

**Current Mailing Address:**

980 N FEDERAL HWY STE 224  
BOCA RATON, FL 334322711

**New Mailing Address:**

980 N FEDERAL HWY  
SUITE #224  
BOCA RATON, FL 334322711

**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 SNITIKER M  
951 BROKEN SOUND PARKWAY NW  
SUITE 135  
BOCA RATON, FL 33487 US

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

ROBBINS, EVE SNITIKER  
980 NORTH FEDERAL HIGHWAY  
SUITE #224  
BOCA RATON, FL 33432 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

02/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBBINS, EVE SNITIKER  
Address: 980 NORTH FEDERAL HIGHWAY, SUITE #224  
City-St-Zip: BOCA RATON, FL 33432 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: EVE SNITIKER ROBBINS

P

02/27/2011

Electronic Signature of Signing Officer or Director

Date