

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000055138

Entity Name: FUNCTIONAL THERAPY, INC.

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2350 VALLEY AVE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2350 VALLEY AVE  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 27-2943138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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

GLASS, CRYSTAL B MS.  
2350 VALLEY AVENUE  
KISSIMMEE, FL 34744 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: CRYSTAL GLASS

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GLASS, CRYSTAL  
Address: 2350 VALLEY AVE  
City-St-Zip: KISSIMMEE, FL 34744

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: CRYSTAL GLASS

DP

01/14/2011

Electronic Signature of Signing Officer or Director

Date