

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000095603

Entity Name: SL THERAPY SERVICE, INC.

FILED
Mar 03, 2011
Secretary of State

Current Principal Place of Business:

6060 WEST 21 COURT
601
HIALEAH, FL 33016

New Principal Place of Business:

8331 NW 191 LN
HIALEAH, FL 33015

Current Mailing Address:

6060 WEST 21 COURT
601
HIALEAH, FL 33016

New Mailing Address:

8331 NW 191 LN
HIALEAH, FL 33015

FEI Number: 27-4043447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAZO, LUIS M
6060 WEST 21 COURT
601
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

LAZO, LUIS M
8331 NW 191 LN
HIALEAH, FL 33015 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: LUIS M LAZO

03/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LAZO, LUIS M
Address: 8331 NW 191 LN
City-St-Zip: HIALEAH, FL 33015

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: LUIS M LAZO

P

03/03/2011

Electronic Signature of Signing Officer or Director

Date