

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000096044

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA THERAPY, INC.

**Current Principal Place of Business:**

3235 LAKEVIEW OAKS DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

4011 W SR 46  
SANFORD, FL 32771

**Current Mailing Address:**

3235 LAKEVIEW OAKS DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 61-1629814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARRELL, JAMIE  
3235 LAKEVIEW OAKS DRIVE  
LONGWOOD, FL 32779      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

**OFFICERS AND DIRECTORS:**

**Title:** CFO  
**Name:** HARRELL, JAMIE  
**Address:** 3235 LAKEVIEW OAKS DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** P  
**Name:** LASHBROOK, JULIE  
**Address:** 4011 W SR 46  
**City-St-Zip:** SANFORD, FL 32771

**Title:** CEO  
**Name:** HARRELL, STERLING  
**Address:** 3235 LAKEVIEW OAKS DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

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:** JAMIE HARRELL

CFO

04/05/2012

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

\_\_\_\_\_  
Date