

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000041967

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CARE FIRST THERAPY PARTNERS, INC.

**Current Principal Place of Business:**

3714 OLDE LANARK DRIVE  
LAND O'LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

3714 OLDE LANARK DRIVE  
LAND O'LAKES, FL 34638 US

**New Mailing Address:**

**FEI Number:** 45-2058505      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FISHER, CHAD  
3714 OLDE LANARK DRIVE  
LAND O'LAKES, FL 30135 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: MR  
Name: FISHER, CHAD  
Address: 3714 OLDE LANARK DRIVE  
City-St-Zip: LAND O'LAKES, FL 34638 US

Title: VP  
Name: WHITESIDE, COREY A  
Address: 4490 TEEPEE PASS  
City-St-Zip: DOUGLASVILLE, GA 30135 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: CHAD FISHER

CEO

04/26/2012

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

\_\_\_\_\_  
Date