


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000002759		
1. Entity Name REGIONAL THERAPY SERVICES, INC.		
Principal Place of Business 2410 WEST PLAZA DRIVE TALLAHASSEE, FL 32308 US	Mailing Address P. O. BOX 999 MOULTRIE, GA 31776 US	



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3147110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

FOREMAN, DON  
711 NW 23RD AVE. SUITE 2  
GAINESVILLE, FL 32609

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000611986  
02/02/07-80089-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	ALLEN, BELINDA G.
STREET ADDRESS	2410 WEST PLAZA DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	ALLEN, ROBERT S
STREET ADDRESS	2410 WEST PLAZA DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert S Allen 01/29/2007 229-985-2080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #