

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000002759 1. Entity Name REGIONAL THERAPY SERVICES, INC.	
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Principal Place of Business 2410 WEST PLAZA DRIVE TALLAHASSEE, FL 32308 US	Mailing Address P. O. BOX 999 MOULTRIE, GA 31776 US
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3147110	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U06000027340 02/21/08-80087-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALLEN, BELINDA G. 2410 WEST PLAZA DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, ROBERT S 2410 WEST PLAZA DRIVE TALLAHASSEE, FL 32308
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**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 2/11/08 229-935-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #