

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015170

FILED
Jan 17, 2007
Secretary of State

Entity Name: C. RENA' KERSEY PEDIATRIC OCCUPATIONAL THERAPIST, P.A.

Current Principal Place of Business:

339 RACETRACK ROAD
SUITE 9
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

4 JACKSON ST. N.E.
FORT WALTON BEACH, FL 32548

Current Mailing Address:

339 RACETRACK ROAD
SUITE 9
FORT WALTON BEACH, FL 32548

New Mailing Address:

P.O. BOX 2703
FORT WALTON BEACH, FL 32549

FEI Number: 59-3301681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITNEY, BOBBY L JR.
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KERSEY, C. RENA'
Address: 339 RACETRACK ROAD, SUITE 9
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KERSEY, C. RENA'
Address: 4 JACKSON ST. N.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: C. RENA KERSEY

MRS

01/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date