

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095200

FILED
Apr 26, 2006
Secretary of State

Entity Name: THERAPY CENTER OF OKEECHOBEE, INC.

Current Principal Place of Business:

210 NE THIRD AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

306 NE THIRD STREET
OKEECHOBEE, FL 34972

Current Mailing Address:

210 NE THIRD AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

306 NE THIRD STREET
OKEECHOBEE, FL 34972

FEI Number: 65-0631263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, WILLIAM M
5551 RIDGEWOOD DRIVE
SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

DURAND, DONNA L
637 SE 74TH AVENUE
OKEECHOBEE, FL 34974 US

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: DONNA L. DURAND

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DURAND, DONNA L
Address: 637 SE 74TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA L. DURAND

D

04/26/2006

Electronic Signature of Signing Officer or Director

Date