

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002302

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** MACKIE THERAPY SERVICES INC.

**Current Principal Place of Business:**

4336 FALLBROOK BLVD  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4336 FALLBROOK BLVD  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-3358799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACKIE, BRIAN  
4336 FALLBROOK BLVD  
PALM HARBOR, FL 34685 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: PS  
Name: MACKIE, BRIAN  
Address: 4336 FALLBROOK BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: VPT  
Name: NAMBA-MACKIE, FAYE  
Address: 4336 FALLBROOK BLVD  
City-St-Zip: PALM HARBOR, FL 34685

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: BRIAN K. MACKIE

PRES

01/17/2012

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

\_\_\_\_\_  
Date