

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032180

FILED
Jan 24, 2008
Secretary of State

Entity Name: THERAPY ONE REHABILITATION CENTER, INC.

Current Principal Place of Business:

3210 JENKS AVENUE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

3210 JENKS AVE
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3372143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, JAMES B
3015 JENKS AVENUE
PANAMA CITY, FL 32405 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: DPT () Delete
Name: COX, JAMES B
Address: 3015 JANKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: DV () Delete
Name: COX, LORI L
Address: 3015 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: COX, BARBARA S
Address: 8033 MARCIA RD.
City-St-Zip: SOUTHPORT, FL 32409

Title: T () Delete
Name: COX, JAMES B SR
Address: 8033 MARCIA RD.
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES B. COX

MR.

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date