

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000076440

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** WELCH & MCLOY THERAPY SERVICES, P.A.

**Current Principal Place of Business:**

6926 HILLS DRIVE  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1502  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 59-3408008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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

MCLOY, RICHARD J  
6926 HILLS DRIVE  
NEW PORT RICHEY, FL 34653 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: RICHARD J. MCLOY

03/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCLOY, MARGARET A  
Address: 6926 HILLS DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD  
Name: CRUZ-COOPER, CHRISTINE  
Address: 6926 HILLS DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: STD  
Name: MCLOY, RICHARD J  
Address: 6926 HILLS DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: RICHARD J. MCLOY

SEC

03/09/2010

Electronic Signature of Signing Officer or Director

Date