

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012943

FILED
Apr 30, 2011
Secretary of State

Entity Name: SOUTHERN THERAPIES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

6050 ST JOHNS AVE
STE 1
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

6050 ST JOHNS AVE
STE 1
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 59-3434172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, THOMAS D M.S.CAP
6 MILTON STREET
ST. AUGUSTINE, FL 320842114 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: DP
Name: PIERCE, THOMAS D M.S.
Address: 6 MILTON STREET
City-St-Zip: SAINT AUGUSTINE, FL 320842114

Title: MTP
Name: BENNETT, ROBERT H
Address: 4611 TILLMAN BLUFF RD
City-St-Zip: VALDOSTA, GA 31605

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: TDP

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date