

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027684

FILED
Jan 07, 2005
Secretary of State

Entity Name: MICHAEL THERAPY SERVICES, INC.

Current Principal Place of Business:

9545 SW 9TH TERRACE
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

9545 SW 9TH TERRACE
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 59-3438603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUBLEY & BUBLEY,
3820 NORTHDAL BLVD., STE. 312B
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

BUBLEY & BUBLEY
3820 NORTHDAL BLVD., STE. 312B
TAMPA, FL 33624 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: MARTIN A. BUBLEY

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUBLEY, MICHAEL S
Address: 9545 SW 9TH TERRACE
City-St-Zip: OCALA, FL 34476

Title: VP () Delete
Name: BUBLEY, CHRISTINE P
Address: 9545 SW 9TH TERRACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: MICHAEL S. BUBLEY

PD

01/07/2005

Electronic Signature of Signing Officer or Director

Date