

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90112 006 ***150.00

DOCUMENT # P97000051940**1. Entity Name**
THOMAS THERAPY SERVICES, INC.**Principal Place of Business****107 TANAGER RD**
ST AUGUSTINE FL 32086**Mailing Address****107 TANAGER RD**
ST AUGUSTINE FL 32086**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**PALM COAST, FL****Zip****Country****32137****COUNTRY****FLA****4. FEI Number** **59-3461600****Applied For****Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****THOMAS, KAREN L**
107 TANAGER RD
ST AUGUSTINE FL 32086**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****8. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **THOMAS, KAREN L**
STREET ADDRESS **107 TANAGER RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086****TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PRESIDENT** ☒ Change ☐ Addition
NAME **THOMAS, KAREN L**
STREET ADDRESS **29 FRANCIS LANE**
CITY-ST-ZIP **PALM COAST, FL 32137****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.****SIGNATURE:** *Karen Thomas* **Karen Thomas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/02

Date

386-445-7648

Daytime Phone #

CR2E034 (9/01)