

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90309 001 ***150.00

DOCUMENT # P97000051940

1. Entity Name
THOMAS THERAPY SERVICES, INC.



Principal Place of Business
107 TANAGER RD
ST AUGUSTINE FL 32086

Mailing Address
29 FRANCIS LANE
PALM COAST FL 32137



2. Principal Place of Business
29 Francis Ln.

3. Mailing Address

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Coast FL

City & State

4. FEI Number
59-3461600

Applied For
☐ Not Applicable

Zip
32137

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, KAREN L
107 TANAGER RD
ST AUGUSTINE FL 32086

Name
Karen L. Thomas

Street Address (P.O. Box Number is Not Acceptable)
29 Francis Ln.

City Palm Coast **FL** **Zip Code** 32137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen L. Thomas President

DATE 01/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Karen L. Thomas

DATE 01/28/03 **Daytime Phone #** 386-503-8378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)