

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001776

Entity Name: INSTRIDE THERAPY, INC.

Current Principal Place of Business:

1629 RANCH RD
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 365
NOKOMIS, FL 34274 US

FEI Number: 65-0536169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLEM, DONNA
1629 RANCH RD.
NOKOMIS, FL 34275 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREA
Name MCSWEENEY, DENNIS
Address 4822 W COUNTRY CLUB DRIVE
City-State-Zip: SARASOTA FL 34243

Title ED
Name BLEM, DONNA
Address P O BOX 365
City-State-Zip: NOKOMIS FL 34274

Title SECRETARY, DIRECTOR
Name ANGELORO, ELISE
Address 11708 MARSH HEAD ROAD
City-State-Zip: SARASOTA FL 34240

Title CHAI
Name SULTANA, MARK
Address 1348 FRUITVILLE ROAD SUITE 204
City-State-Zip: SARASOTA FL 34236

Title VC, DIRECTOR
Name BRAMLEY, STEVE
Address 5325 ASHLEY PKWY
City-State-Zip: SARASOTA FL 34241

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA BLEM

EXECUTIVE DIRECTOR

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date