

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003708

Entity Name: FLORIDA THERAPY SERVICES, INC.

Current Principal Place of Business:

421 OAK AVE
PANAMA CITY, FL 32401

Current Mailing Address:

421 OAK AVE
PANAMA CITY, FL 32401 US

FEI Number: 59-3226958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, JOHN D
120 RICHARD JACKSON BLVD.
200B
PANAMA CITY BEACH, FL 32417 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 CFO
Name CABLE, ROLLIN
Address 421 OAK AVE
City-State-Zip: PANAMA CITY FL 32401

Title CEO
Name CABLE, TERI L
Address 421 OAK AVE
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name LEE, SANDRA
Address 421 OAK AVE
City-State-Zip: PANAMA CITY FL 32401

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: SANDRA LEE

DIRECTOR

03/25/2022

Electronic Signature of Signing Officer/Director Detail

Date