

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000050275

**Entity Name:** THERAPY SERVICES OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

2061 SE CROWBERRY DRIVE  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

C/O LAW OFFICE OF BARRY M DEETS, P.A.  
2400 SE VETERANS MEMORIAL PARKWAY SUITE 120  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 65-1101969

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICE OF BARRY M. DEETS, P.A.  
2400 SE VETERANS MEMORIAL PARKWAY  
SUITE 120  
PORT ST. LUCIE, FL 34952 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	DST	Title	DP
Name	DEETS, BARRY M	Name	DEETS, ROBIN M
Address	2400 SE VETERANS MEMORIAL PKY # 120	Address	2400 SE VETERANS MEMORIAL PKY # 120
City-State-Zip:	PORT ST LUCIE FL 34952	City-State-Zip:	PORT ST LUCIE FL 34952

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

**SIGNATURE:** ROBIN M. DEETS

**PRESIDENT**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date