2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
CC4404466221

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Entity Name: COMPREHENSIVE THERAPY SERVICES, INC.

Current Principal Place of Business:

5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986

FEI Number: 20-4660536

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WENDY, SINES
5255 NW GAMMA STREET
PORT SAINT LUCIE, FL 34986 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	D
Name	SINES, WENDY
Address	5255 NW GAMMA STREET
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: WENDY SINES DIRECTOR 04/30/2014

Electronic Signature of Signing Officer/Director Detail — Date