

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000026610

**Entity Name:** DEBORAH JACKSON THERAPY ASSOCIATES, INC.

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC3130414095**

**Current Principal Place of Business:**

319 W TOWN PLACE  
SUITE 5 & 6  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

319 W TOWN PLACE  
SUITE 5 & 6  
ST. AUGUSTINE, FL 32092 US

**FEI Number: 45-4822169**

**Certificate of Status Desired: No**

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

JACKSON, DEBORAH A  
319 W TOWN PLACE  
SUITE 5 & 6  
ST. AUGUSTINE, FL 32092 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            JACKSON, DEBORAH A  
Address        319 W TOWN PLACE  
                  SUITE 5 & 6  
City-State-Zip: ST. AUGUSTINE FL 32092

*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: DEBORAH JACKSON**

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date