

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024652

**Entity Name:** LABASBAS THERAPY SERVICES,P.A.

**Current Principal Place of Business:**

9171 S.W. 54TH TERRACE  
OCALA, FL 34476

**Current Mailing Address:**

9171 S.W. 54TH TERRACE  
OCALA, FL 34476

**FEI Number: 26-2198293**

**Certificate of Status Desired: No**

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

LABASBAS, JESSIE L  
9171 S.W. 54TH TERACE  
OCALA, FL 34476 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 P  
Name LABASBAS, JESSIE L  
Address 9171 S.W. 54TH TERRACE  
City-State-Zip: Ocala FL 34476

Title VP  
Name LABASBAS, JEANNE  
Address 9171 S.W. 54TH TERRACE  
City-State-Zip: Ocala FL 34476

*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: JESSIE LABASBAS**

**PRESIDENT**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date