2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# P96000035659

Entity Name: SUNCARE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

15450 NEW BARN RD.
#106
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

3995 SW 139 AVE.
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0662258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTINE, RENFORD
3995 SW 139 AVE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: ARRIETTA, ASTRID
Address: 3995 SW 139 AVE
City-St-Zip: DAVIE, FL 33330

Title: VDS ( ) Delete
Name: VALENTINE, RENFORD
Address: 3995 SW 139 AVE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RENFORD VALENTINE V/P 05/11/2007

Electronic Signature of Signing Officer or Director — Date