2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90030 024 ***150.00

DOCUMENT # P97000080724

1. Entity Name
CHILDREN'S THERAPY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3509 MANATEE AVE WEST STE B BRADENTON FL 34205	3509 MANATEE AVE WEST STE B BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3620 Manatee Ave W.	3620 Manatee Ave W.
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Bradenton, FL	City & State: Bradenton
Zip: 34205 Country: Manatee	Zip: 34205 Country: Manatee

4. FEI Number 59-3473792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOULANGER, DONALD
~~3509 MANATEE AVE WEST~~
~~STE B~~
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 3620 Manatee Ave W.
City: Bradenton FL Zip Code: 34205

8. 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: Donald Boulanger 04-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DONALD BOULANGER ~~3509 MANATEE AVE W. STE B~~ BRADENTON FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3620 Manatee Ave W. Ste A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TAYLOR, SUE ~~3509 MANATEE AVE WEST STE B~~ BRADENTON FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3620 Manatee Ave W. Ste A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUI, CAROLINE ~~3509 MANATEE AVE WEST STE B~~ BRADENTON FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3620 Manatee Ave W. Ste A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Boulanger 04-12-01 941 744 9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #