2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# P03000069269

Entity Name: ACCESS HOMETHERAPY, INC.

Current Principal Place of Business:

920 EAST 30TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

4000 PONCE DELEON BOULEVARD
#470
CORAL GABLES, FL 33146

Current Mailing Address:

920 EAST 30TH STREET
HIALEAH, FL 33013

New Mailing Address:

4000 PONCE DELEON BOULEVARD
#470
CORAL GABLES, FL 33146

FEI Number: 42-1596853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEDINA, RAFAEL
920 EAST 30TH STREET
HIALEAH, FL 33013

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: P ( ) Delete
Name: MEDINA, RAFAEL
Address: 920 EAST 30TH STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAFAEL MEDINA P 03/04/2004

Electronic Signature of Signing Officer or Director — Date