2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L23194

Entity Name: PROFESSIONAL PEDIATRIC THERAPY, INC.

Current Principal Place of Business:

611 SOUTH FEDERAL HIGHWAY
SUITE I
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

611 SOUTH FEDERAL HIGHWAY
SUITE I
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0152236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDRICH, ALAN C
1270 SE MACARTHUR BLVD
STUART, FL 34996 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: D,P ( ) Delete
Name: FRIEDRICH, ALAN C
Address: 1270 SE MACARTHUR BLVD
City-St-Zip: STUART, FL 34996

Title: D,VP ( ) Delete
Name: JAGODOWSKI, LORRAINE
Address: 611 SOUTH FEDERAL HIGHWAY, SUITE I
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,VP (X) Change ( ) Addition
Name: FRIEDRICH, ALAN C
Address: 1270 SE MACARTHUR BLVD
City-St-Zip: STUART, FL 34996

Title: D,P (X) Change ( ) Addition
Name: JAGODOWSKI, LORRAINE
Address: 611 SOUTH FEDERAL HIGHWAY, SUITE I
City-St-Zip: STUART, FL 34994

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: LORRAINE JAGODOWSKI DP 04/30/2007

Electronic Signature of Signing Officer or Director — Date