2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# M49971

Entity Name: SOUTH FLORIDA HAND THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

C/O SUSAN B. BURNS
6950 CYPRESS ROAD, STE 102
PLANTATION, FL 33317 US

New Principal Place of Business:

C/O SUSAN B. BURNS
10189 W. SUNRISE BLVD.
PLANTATION, FL 33322 US

Current Mailing Address:

C/O SUSAN B. BURNS
6950 CYPRESS ROAD, STE 102
PLANTATION, FL 33317 US

New Mailing Address:

C/O SUSAN B. BURNS
10189 W. SUNRISE BLVD.
PLANTATION, FL 33322 US

FEI Number: 59-2797495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, SUSAN B.
2255 SE 145 AVE.
DAVIE, FL 33325 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: PD ( ) Delete
Name: BURNS, SUSAN B.
Address: 2255 SW 145 AVENUE
City-St-Zip: DAVIE, FL 33325

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 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: SUSAN BURNS PRES 01/14/2008

Electronic Signature of Signing Officer or Director Date