2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P00000039937

Entity Name: HANDS ON HEALTH OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10428 S.W. 53RD. STREET
COOPER CITY, FL 33328

New Principal Place of Business:

5828 S.W. 117TH TERR
COOPER CITY, FL 33330

Current Mailing Address:

10428 S.W. 53RD. STREET
COOPER CITY, FL 33328

New Mailing Address:

5828 S.W. 117TH TERR
COOPER CITY, FL 33330

FEI Number: 65-1008620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKELTON, RAYMOND J
7320 GRIFFIN RD.,STE.212
DAVIE, FL 33314 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: P ( ) Delete
Name: BRUSH, ROBERT JR
Address: 10423 SW 53ST
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRUSH, ROBERT JR
Address: 5828 S.W. 117TH TERR
City-St-Zip: COOPER CITY, FL 33330

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: ROBERT J BRUSH JR PRES 05/01/2003

Electronic Signature of Signing Officer or Director — Date