2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P00000068640

Entity Name: INNER VISION THERAPY SERVICES, INC.

Current Principal Place of Business:

1435 COLLINGSWOOD, STE. G
PT. CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1435 COLLINGSWOOD, STE. G
PT. CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-1033889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, BEVERLY
5784 MALTON STREET
NORTH PORT, FL 34286 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: PTD ( ) Delete
Name: LASKA, SUZANNE
Address: 5784 MALTON STREET
City-St-Zip: NORTH PORT, FL 34286 US

Title: SD ( ) Delete
Name: THOMAS, BEVERLY
Address: 5784 MALTON STREET
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SUZANNE LASKA PTD 05/01/2003

Electronic Signature of Signing Officer or Director — Date