2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 08, 2006
Secretary of State

DOCUMENT# P01000005459

Entity Name: BAY AREA INJURY REHAB SPECIALISTS HOLDINGS, INC.

Current Principal Place of Business:

7171 N. DALE MABRY HWY., STE. 503
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

PO BOX 15265
TAMPA, FL 336845265

New Mailing Address:

FEI Number: 59-3691839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J
201 N. FRANKLIN ST., #2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WOLFE, RANDOLPH J
100 NORTH TAMPA STREET
SUITE 2700
TAMPA, FL 336025804 US

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: _____ 06/08/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCLIMANS, FREDERICK J DO
Address: PO BOX 15265
City-St-Zip: TAMPA, FL 336845265

Title: D ( ) Delete
Name: SHEPARD, LAWRENCE E DO
Address: PO BOX 15265
City-St-Zip: TAMPA, FL 336845265

Title: D ( ) Delete
Name: MEADOWS, CAROLYN C
Address: PO BOX 15265
City-St-Zip: TAMPA, FL 336845265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CAROLYN C MEADOWS D 06/08/2006
Electronic Signature of Signing Officer or Director — Date