2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P01000101545

Entity Name: BROWARD THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

555 SW 148TH AVE
201 G
SUNRISE, FL 33325

New Principal Place of Business:

14201 W. SUNRISE BLVD.,
208D
SUNRISE, FL 33323

Current Mailing Address:

555 SW 148TH AVE
201 G
SUNRISE, FL 33325

New Mailing Address:

14201 W. SUNRISE BLVD.,
208D
SUNRISE, FL 33323

FEI Number: 65-1149372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUNANCY, LORNA
13996 SO. CYPRESS COVE CIRCLE
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: PRES ( ) Delete
Name: PUNANCY, LORNA
Address: 13996 SO. CYPRESS COVE CIRCLE
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: LORNA PUNANCY PRES 04/26/2007

Electronic Signature of Signing Officer or Director — Date