2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# P01000108164

Entity Name: MANKES PEDIARIC THERAPY SERVICES, INC.

Current Principal Place of Business:

1045 N.E. 179TH TERRACE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

4938 SARAZEN DRIVE
HOLLYWOOD, FL 33021

Current Mailing Address:

1045 N.E. 179TH TERRACE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

4938 SARAZEN DRIVE
HOLLYWOOD, FL 33021 US

FEI Number: 65-1158032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANKES, LLOYD ESQ
1045 NE 179 TERRACE
YMIAMI, FL 33162 US

Name and Address of New Registered Agent:

MANKES, LLOYD ESQ
4938 SARAZEN DRIVE
HOLLYWOOD, FL 33021 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: LLOYD MANKES 03/29/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MANKES, CAROL
Address: 1045 N.E. 179TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S ( ) Delete
Name: MANKES, LLOYD
Address: 1045 NE 179 TERRACE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MANKES, CAROL
Address: 4938 SARAZEN DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change ( ) Addition
Name: MANKES, LLOYD
Address: 4938 SARAZEN DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

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: CAROL MANKES D 03/29/2006
Electronic Signature of Signing Officer or Director Date