2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P02000006747

Entity Name: SOUTHWEST FLORIDA THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

20101 PEACHLAND BLVD
UNIT 208
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

20101 PEACHLAND BLVD
UNIT 208
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 33-0993630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL M
18501 MURDOCK CIR., STE. 101
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

WILSON, MICHAEL M
17801 MURDOCK CIRCLE
SUITE A
PORT CHARLOTTE, FL 33948 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: 01/06/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEROUX, MICHELE
Address: 1353 KENSINGTON ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

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 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: MICHELE LEROUX D 01/06/2006
Electronic Signature of Signing Officer or Director — Date