2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# P02000023646

Entity Name: LS THERAPY GROUP, INC.

Current Principal Place of Business:

1090 OYSTERWOOD STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

3290 N 37TH STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

1090 OYSTERWOOD STREET
HOLLYWOOD, FL 33019

New Mailing Address:

3290 N 37TH STREET
HOLLYWOOD, FL 33021

FEI Number: 01-0632176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUSTER, LILIAN
1090 OYSTERWOOD STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

SHUSTER, LILIAN
3290 N 37TH STREET
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: 04/11/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHUSTER, LILIAN
Address: 3290 N 37TH STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: LILIAN SHUSTER PRES 04/11/2011

Electronic Signature of Signing Officer or Director — Date