2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P02000063227

Entity Name: EMERALD COAST THERAPY CENTERS, INC.

Current Principal Place of Business:

2411 EXECUTIVE PLAZA DR.
PENSACOLA, FL 32504

New Principal Place of Business:

346 CENTRAL AVE
WINTER HAVEN, FL 33880

Current Mailing Address:

2411 EXECUTIVE PLAZA DR.
PENSACOLA, FL 32504

New Mailing Address:

346 CENTRAL AVE
WINTER HAVEN, FL 33880

FEI Number: 02-0611251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, RONALD L
517 E. GOVERNMENT ST.
PENSACOLA, FL 32501 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: DPS (X) Delete
Name: PADGET, DONALD R
Address: 6348 HWY. 90 WEST
City-St-Zip: MILTON, FL 32570

Title: DVT (X) Delete
Name: LOCKWOOD, DAVID A
Address: 305 GRANT AVE.
City-St-Zip: AUBURN, NY 13021

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P ( ) Change (X) Addition
Name: TUCKER, MARK
Address: 346 EAST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Change (X) Addition
Name: MOOTS, RICHARD
Address: 346 EAST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

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: MARK TUCKER P 01/08/2007

Electronic Signature of Signing Officer or Director — Date