2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125387

Entity Name: SCOTT THERAPY CENTERS, INC.

FILED Feb 18, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1219 DARLINGTON OAK CIRCLE N.E. 3637 4TH STREET NORTH

ST. PETERSBURG, FL 33703 SUITE 395

ST. PETERSBURG, FL 33704

Current Mailing Address: New Mailing Address:

1219 DARLINGTON OAK CIRCLE N.E. 3637 4TH STREET NORTH ST. PETERSBURG, FL 33703 SUITE 395

ST. PETERSBURG, FL 33704

HOUGHTON, BETH A

3637 4TH STREET NORTH

FEI Number: 42-1561233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAGMAN, SCOTT K 1219 DARLINGTON OAK CIRCLE N.E.

ST. PETERSBURG, FL 33703 SUITE 395 ST. PETERSBURG, FL 33704

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: BETH A. HOUGHTON 02/18/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

WAGMAN, SCOTT WAGMAN, SCOTT Name: Name:

1219 DARLINGTON OAK CIRCLE N.E. 3637 4TH STREET NORTH, SUITE 395 Address: Address:

City-St-Zip: ST. PETERSBURG, FL 33703 City-St-Zip: ST. PETERSBURG, FL 33704

Title: Title: (X) Change () Addition () Delete

HOUGHTON, BETH HOUGHTON, BETH Name: Name:

1219 DARLINGTON OAK CIRCLE N.E. Address: 3637 4TH STREET NORTH, SUITE 395 Address: ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33704 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETH A. HOUGHTON 02/18/2004 D