2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000028982

Entity Name: THERAPEUTIC SERVICES OF BROWARD COUNTY,INC

Current Principal Place of Business:

5821 NW 28 STREET
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

5821 NW 28 STREET
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPAW, CHRISTIAN
7667 W SAMPLE RD STE 220
CORAL SPRINGS, FL 33065 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: PS ( ) Delete
Name: SPAW, CHRISTIAN
Address: 7667 W SAMPLE RD STE 220
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VT ( ) Delete
Name: PELLINGER, PAUL
Address: 8930 STATE RD 84 #185
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CHRIS SPAW P 04/30/2004

Electronic Signature of Signing Officer or Director — Date