2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049803

Name:

Address:

City-St-Zip:

MCNALLY-HUGHES, DAWN

BOYNTON BEACH, FL 33436 US

4571 CORVORDIA LANE

Entity Name: STEP-BY-STEP PEDIATRIC THERAPY SERVICES, INC.

FILED Jan 17, 2006 Secretary of State

•					,			
Current Principal Place of Business:					New Principal Place of Business:			
)WOOD LANE D BEACH, FL		US			PORTOFINO (D BEACH, FL		US
Current Mailing Address:					New Mailing Address:			
)WOOD LANE .D BEACH, FL		US			PORTOFINO (D BEACH, FL		US
FEI Number:	42-1596478	FEI Num	ber Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
	D, STACY WOOD LANE D BEACH, FL		US), STACY PORTOFINO (D BEACH, FL		US
	named entity of Florida.	submits th	is statement for the	purpose o	f changing it	s registered of	ffice or req	gistered agent, or both,
SIGNATURE:					01/17/2006			
Election Car		J	re of Registered Ag	ent			D	ate
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (BICKFORD, ST 151 SW 96TH PLANTATION,	TERR	S		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	BERGER, STA	CREEK WIL	DWOOD LANE 3442 US		Title: Name: Address: City-St-Zip:	P (X) BERGER, STAC 783 VILLA POR DEERFIELD BE	TOFINO CI	RCLE
Title:	Р () Delete			Title:	()	Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STACEY BERGER PRES 01/17/2006