

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049803

FILED  
Jan 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

783 VILLA PORTOFINO CIRCLE  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

783 VILLA PORTOFINO CIRCLE  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

FEI Number: 42-1596478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BICKFORD, STACY  
783 VILLA PORTOFINO CIRCLE  
DEERFIELD BEACH, FL 33442 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: P ( ) Delete  
Name: BICKFORD, STACY  
Address: 151 SW 96TH TERR  
City-St-Zip: PLANTATION, FL 33324 US

Title: P ( ) Delete  
Name: BERGER, STACEY  
Address: 783 VILLA PORTOFINO CIRCLE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: P ( ) Delete  
Name: MCNALLY-HUGHES, DAWN  
Address: 4571 CONCORDIA LANE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: STACEY BERGER

PRES

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date