2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004
Secretary of State

DOCUMENT# P03000105739

Entity Name: AEGEAN THERAPY, INC.

Current Principal Place of Business:

16056 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446

New Principal Place of Business:

6018 SW 18TH ST.
C-1
BOCA RATON, FL 33433

Current Mailing Address:

16056 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446

New Mailing Address:

6018 SW 18TH ST
C-1
BOCA RATON, FL 33433

FEI Number: 86-1083514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVLER, KIMBERLY S
16056 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BREW, KATE
Address: 2401 BANYAN RD.
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP ( ) Delete
Name: SHIVLER, KIMBERLY S
Address: 16056 BRISTOL ISLE WAY
City-St-Zip: DELRAY BEACH, FL 33446 US

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: KIMBERLY S SHIVLER VP 07/09/2004

Electronic Signature of Signing Officer or Director — Date