2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P03000132506

Entity Name: PEDIATRIC OCCUPATIONAL THERAPY SERVICES, INC.

Current Principal Place of Business:

8120 SW 139TH TERRACE
VILLAGE OF PALMETTO BAY, FL 33158

New Principal Place of Business:

8120 SW 139TH TERRACE
PALMETTO BAY, FL 33158

Current Mailing Address:

8120 SW 139TH TERRACE
VILLAGE OF PALMETTO BAY, FL 33158

New Mailing Address:

8120 SW 139TH TERRACE
PALMETTO BAY, FL 33158

FEI Number: 55-0852718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, MERCEDES
8120 SW 139TH TERRACE
VILLAGE OF PALMETTO BAY, FL 33158

Name and Address of New Registered Agent:

FERNANDEZ, MERCEDES
8120 SW 139TH TERRACE
PALMETTO BAY, FL 33158

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: 04/19/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERNANDEZ, MERCEDES
Address: 8120 SW 139TH TERRACE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

Title: D ( ) Delete
Name: FERNANDEZ, DAVID
Address: 8120 SW 139TH TERRACE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FERNANDEZ, MERCEDES
Address: 8120 SW 139TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33158

Title: D (X) Change ( ) Addition
Name: FERNANDEZ, DAVID
Address: 8120 SW 139TH TERRACE
City-St-Zip: PALMETTO BAY, FL 33158

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: MERCEDES FERNANDEZ P 04/19/2004
Electronic Signature of Signing Officer or Director — Date