2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P04000122003

Entity Name: TOTAL CARE THERAPY SPECIALISTS, INC.

Current Principal Place of Business:

5092 COCONUT CREEK PARKWAY
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

8782 NW 76 DR
TAMARAC, FL 333212454

New Mailing Address:

FEI Number: 56-2477313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDLER, PAUL R
8782 NW 76 DR
TAMARAC, FL 333212454 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: D ( ) Delete
Name: SANDLER, PAUL R
Address: 8782 NW 76 DR
City-St-Zip: TAMARAC, FL 333212454

Title: D ( ) Delete
Name: TRAVIS, GUY A
Address: 7197 NW 80 WAY
City-St-Zip: TAMARAC, FL 33321

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 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: GUY A TRAVIS D 04/29/2006

Electronic Signature of Signing Officer or Director — Date