2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000122606

Entity Name: CLINICAL THERAPY ASSOCIATES INC.

Current Principal Place of Business:

13711 NEWPORT MANOR
DAVIE, FL 33325 US

New Principal Place of Business:

8569 PINES BLVD.
SUITE 210
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

13711 NEWPORT MANOR
DAVIE, FL 33325 US

New Mailing Address:

FEI Number: 27-0101806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, BARBARA D
13711 NEWPORT MANOR
DAVIE, FL 33325 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: PRES ( ) Delete
Name: HAYES, BARBARA D
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 US

Title: VP ( ) Delete
Name: MURRAY, AMANDA J
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 FL

Title: SEC ( ) Delete
Name: MURRAY, ANDREA I
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 US

Title: TREA ( ) Delete
Name: MURRAY, AMANDA J
Address: 13711 NEWPORT MANOR
City-St-Zip: DAVIE, FL 33325 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:

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: BARBARA D. HAYES PRES 04/30/2005
Electronic Signature of Signing Officer or Director Date