

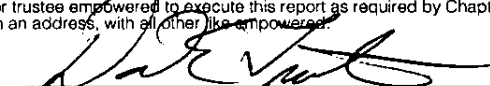


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90182 017 \*\*\*150.00

<b>DOCUMENT # P04000166345</b> 1. Entity Name <b>MOBILE TREATMENT SERVICES, INC.</b>					
Principal Place of Business <b>5147 WEST CLIFTON STREET TAMPA, FL 33634</b>			Mailing Address <b>5147 WEST CLIFTON STREET TAMPA, FL 33634</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">40083234</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>04232007 Chg-P</span> <span>CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>             4. FEI Number  <b>20-2001502</b> </div> <div>             Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="font-size: 0.8em;">             5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> </div>	
<b>6. Name and Address of Current Registered Agent</b> <b>GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>202 S ROME AVE</b> <b>SUITE 100</b> City <b>TAMPA</b> FL <b>33606</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TROUTMAN, DAVID E</b> <b>6021 HAMMOCK WOODS DRIVE</b> <b>TAMPA, FL 33556</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JONATHAN IVES</b> <b>4808 N. 12th ST</b> <b>TAMPA, FL 33603</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>4/25/2007</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					