2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000048251

Entity Name: FLORIDA THERAPY ASSOC, INC.

Current Principal Place of Business:

6401 S.W. 87 AVE.
SUITE 114
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

18430 S.W. 4 STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

6401 S.W. 87 AVE.
SUITE 114
MIAMI, FL 33173

FEI Number: 54-2175251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VIDAL, ROSA M
18430 SW 4 STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

VIDAL, ROSA M
6401 S.W. 87 AVENUE SUITE 114
MIAMI, FL 33173 US

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: 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VIDAL, ROSA M
Address: 18430 SW 4 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VIDAL, ROSA M
Address: 6401 S.W. 87 AVENUE, SUITE #114
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify 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: ROSA M. VIDAL D 04/28/2009
Electronic Signature of Signing Officer or Director — Date