2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004
Secretary of State

DOCUMENT# P93000023124

Entity Name: CHILDRENS THERAPY SERVICES, INC.

Current Principal Place of Business:

10371 W. SAMPLE RD.
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

10371 W. SAMPLE RD.
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0406662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLACK, MARC R
11555 HERAN BAY BLVD
SUITE 200
CORAL SPRINGS, FL 33067

Name and Address of New Registered Agent:

POLLACK, MARC R
11555 HERON BAY BLVD
SUITE 200
CORAL SPRINGS, FL 33076

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: MARC R. POLLACK 03/12/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete
Name: POLLACK, CINDY
Address: 8988 NW 52 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DVS ( ) Delete
Name: TORRES, LAURIE E
Address: 6818 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067

Title: DP ( ) Delete
Name: OZERY, TAMAR L
Address: 6505 NW 74 DR
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change ( ) Addition
Name: POLLACK, CINDY
Address: 5890 NW 100TH WAY
City-St-Zip: PARKLAND, FL 33076

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: CINDY POLLACK DVT 03/12/2004
Electronic Signature of Signing Officer or Director Date