

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034081

FILED
Apr 30, 2007
Secretary of State

Entity Name: MILESTONES THERAPY CENTER, INC.

Current Principal Place of Business:

8130 66TH STREET NORTH
SUITE #12
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

8130 66TH STREET NORTH
SUITE #12
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-3374619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, PEGGY
8130 66TH STREET NORTH
SUITE #12
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

SHAW, PEGGY J
8130 66TH STREET NORTH
SUITE #12
PINELLAS PARK, FL 33781 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: PEGGY SHAW

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAW, PEGGY
Address: 8130 66TH STREET NORTH SUITE #12
City-St-Zip: PINELLAS PARK, FL 33781

Title: S () Delete
Name: SHAW, LARRY
Address: 8130 66TH STREET NORTH SUITE #12
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAW, PEGGY J
Address: 8130 66TH STREET NORTH SUITE #12
City-St-Zip: PINELLAS PARK, FL 33781

Title: S (X) Change () Addition
Name: SHAW, LARRY R
Address: 8130 66TH STREET NORTH SUITE #12
City-St-Zip: PINELLAS PARK, FL 33781

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: PEGGY SHAW

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date