2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P96000034081

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:

10562 70TH AVENUE NORTH
SEMINOLE, FL 33772 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 40685
ST. PETERSBURG, FL 33743 US

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

Name and Address of New Registered Agent:

SHAW, PEGGY J
10562 70TH AVENUE NORTH
SEMINOLE, FL 33772 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 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: S ( ) Delete
Name: SHAW, LARRY R
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: P.O. BOX 40685
City-St-Zip: ST. PETERSBURG, FL 33743

Title: S (X) Change ( ) Addition
Name: SHAW, LARRY R
Address: P.O. BOX 40685
City-St-Zip: ST. PETERSBURG, FL 33743

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 OT 04/30/2008
Electronic Signature of Signing Officer or Director Date