2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# P96000056488

Entity Name: COMPREHENSIVE THERAPY CENTERS OF PALM BEACH, INC.

Current Principal Place of Business:

5458 TOWNCENTER RD. #24
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5458 TOWNCENTER RD. #24
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0682983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KORNBERG, JOEL MD JD
7301-A W. PALMETTO PARK RD.
SUITE 305 C
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: ESRIG, KENNETH
Address: #24, 5458 TOWN CENTER RD.
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: ESRIG, MICHELLE
Address: 2235 PARKSIDE STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: ESRIG, STEPHANIE
Address: 2235 PARKSIDE STREET
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ESRIG, KENNETH PTD 07/06/2004

Electronic Signature of Signing Officer or Director — Date