

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018599

FILED
Feb 17, 2006
Secretary of State

Entity Name: PHYSICAL THERAPY FOR KIDS WITH SPECIAL NEEDS, INC.

Current Principal Place of Business:

P.O. BOX 291795
DAVIE, FL 33329

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291795
DAVIE, FL 33329

New Mailing Address:

FEI Number: 65-0736833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALMADGE, DEBRA A
5023 S.W. 90TH AVENUE
COOPER CITY, FL 33328 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TALMADGE, DEBRA A PRES.
Address: 5023 SW 90TH AVE.
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TALMADGE, DEBRA A PRES.
Address: 5023 SW 90TH AVE.
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA A. TALMADGE

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date