2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# P97000018599

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:

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

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:

TALMADGE, DEBRA A
5023 S.W. 90TH AVENUE
COOPER CITY, FL 33328 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: 02/19/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) 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: ( ) 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 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, PRESIDENT PRES 02/19/2007
Electronic Signature of Signing Officer or Director — Date