## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000050337

Entity Name: ABC PEDIATRIC THERAPY, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
9165 PAR	K DRIVE				
9 MIAMI SH	ORES, FL 33	138 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX	ATRIC THER. 531102 ORES, FL 33				
FEI Number	: 65-0761146	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
9165 PARI 9 MIAMI SH	ORES, FL 33		purpose of changing its registere	d office or registered agent, or both,	
	e of Florida.		,,		
SIGNATU					
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FLEMING, JEN 9165 PARK DI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( PALMER, CYN 9165 PARK DI MIAMI SHORE	RIVE , SUITE 9	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CYNTHIA PALMER VP 04/30/2005