2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P98000107606

Entity Name: A.M.A. THERAPY, INC.

Current Principal Place of Business:

C/O MICHAEL B. UDELL
5745 S UNIVERSITY DR
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL B. UDELL
5745 S UNIVERSITY DR
DAVIE, FL 33328

New Mailing Address:

1040 SW 93RD TERRACE
PLANTATION, FL 33324

FEI Number: 65-0898911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UDELL, MICHAEL B
5400 S. UNIVERSITY DR.
SUITE 117
DAVIE, 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: GRAZIADEI, RENEE M
Address: 16461 NW 12 ST
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRAZIADEI, RENEE M
Address: 1040 SW 93RD TERRACE
City-St-Zip: PLANTATION, FL 33324

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: RENEE M. GRAZIADEI D 04/12/2004

Electronic Signature of Signing Officer or Director — Date