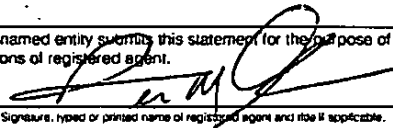
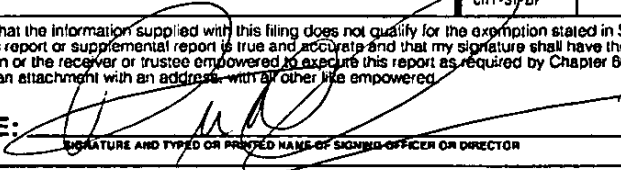


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-18-2005 90051 043 ***150.00

DOCUMENT # P98000107606			
1. Entry Name A.M.A. THERAPY, INC.			
Principal Place of Business C/O MICHAEL B. UDELL 5745 S UNIVERSITY DR DAVIE, FL 33328		Mailing Address 1040 SW 93RD TERRACE PLANTATION, FL 33324	
2. Principal Place of Business 1040 SW 93rd terrace		3. Mailing Address 1040 SW 93rd terrace	
Suite, Apt. #, etc. Plantation, FL		Suite, Apt. #, etc. Plantation, FL	
City & State 33324 U.S.		City & State Plantation, FL	
Zip 33324	Country U.S.	Zip 33324	Country U.S.
4. FEI Number 65-0898911		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UDELL, MICHAEL B 5400 S. UNIVERSITY DR. SUITE 117 DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Renee M Graziadei Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing, Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAZIADEI, RENEE M 1040 SW 93RD TERRACE PLANTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2/5/05 9545939202 /Date Daytime Phone #	