2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# P98000107606

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

Current Principal Place of Business:

1040 SW 93RD TERRACE
PLANTATION, FL 33324

New Principal Place of Business:

4422 MORGAN LANE
DAVIE, FL 33328

Current Mailing Address:

1040 SW 93RD TERRACE
PLANTATION, FL 33324

New Mailing Address:

4422 MORGAN LANE
DAVIE, FL 33328

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: 1040 SW 93RD TERRACE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRAZIADEI, RENEE M
Address: 4422 MORGAN LANE
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify 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: RENEE M GRAZIADEI OTR 03/18/2008

Electronic Signature of Signing Officer or Director — Date