2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# P99000079974

Entity Name: THERAPEUTIX REHAB & EQUIPMENT SERVICES INC.

Current Principal Place of Business:

1111 NW 25 AVE.
SUITE 201
OCALA, FL 34470

New Principal Place of Business:

11375 N.W. HIGHWAY 326
OCALA, FL 34482

Current Mailing Address:

PO BOX 771028
OCALA, FL 344771028

New Mailing Address:

FEI Number: 59-2999866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOX, RIC
1111 NW 25 AVE.
SUITE 201
OCALA, FL 34470 US

Name and Address of New Registered Agent:

KNOX, RIC
11375 N.W. HIGHWAY 326
OCALA, FL 34482 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: _____ 05/11/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: KNOX, RIC
Address: 1111 NW 25 AVE.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KNOX, RIC
Address: 11375 N.W. HIGHWAY 326
City-St-Zip: OCALA, FL 34482

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: RIC KNOX PSTD 05/11/2005
Electronic Signature of Signing Officer or Director — Date