2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# S59063

Entity Name: CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

477 CARROLL ST
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 120547
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-3073365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHARES, RENEE
CENTRAL FL PEDIATRIC THERAPY
477 CARROLL ST
CLERMONT, FL 34711 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: P ( ) Delete
Name: GOMES, AMY J.,
Address: 15822 TOWERVIEW DR.
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete
Name: PHARES, RENEE D.,
Address: 17355 CORK ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete
Name: PHARES, RENEE D
Address: 17355 CORK STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOMES, AMY J.,
Address: 15051 GREEN VALLEY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: AMY J. GOMES PRES 01/04/2005

Electronic Signature of Signing Officer or Director — Date