

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59063

FILED
Jul 05, 2006
Secretary of State

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:

405 S. SEMINOLE AVE
MINNEOLA, FL 34715 US

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:

PHARES, RENEE
CENTRAL FL PEDIATRIC THERAPY
405 S. SEMINOLE AVE
MINNEOLA, FL 34715 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:

07/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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 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: AMY J. GOMES

PRES

07/05/2006

Electronic Signature of Signing Officer or Director

Date