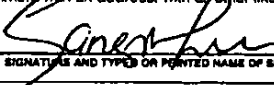


FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90038 016 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V38249			
1. Entity Name NEW BEGINNINGS OF OCCUPATIONAL THERAPY, INC.			
Principal Place of Business 7736 SW 102ND LOOP OCALA, FL 34476-3761 US		Mailing Address 7736 SW 102ND LOOP OCALA, FL 34476-3761 US	
2. Principal Place of Business 2746 NE 14th St Suite, Apt. #, etc.		3. Mailing Address 2746 NE 14th St Suite, Apt. #, etc.	
City & State Ocala FL		City & State Ocala FL	
Zip 34470	Country US	Zip 34470	Country US
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 59-3107072 Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent LEWIS, SANGITA P 7736 SW 102ND LOOP OCALA, FL 34476		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4385 W Cardinal St City Homosassa FL Zip Code 34446	
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 _____ 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	PD LEWIS, SANGITA P 7736 SW 102ND LOOP OCALA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	4385 W Cardinal St Homosassa FL 34446 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2746 NE 14th St Ocala, FL 34470 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		2/10/05 427-4629 Date Daytime Phone #	