2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# V63408

Entity Name: THERAPY SERVICES, INC. CORPORATION

Current Principal Place of Business:

931 SW 4TH PLACE
CAPE CORAL, FL 33991

New Principal Place of Business:

1715 NW 26TH ST
CAPE CORAL, FL 33993

Current Mailing Address:

931 SW 4TH PLACE
CAPE CORAL, FL 33991

New Mailing Address:

1715 NW 26TH ST
CAPE CORAL, FL 33993

FEI Number: 65-0353479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPPE, NANCY L
931 SW 4TH PLACE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

HOPPE, NANCY L
1715 NW 26TH ST
CAPE CORAL, FL 33993 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: 01/05/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOPPE, NANCY L,
Address: 931 SW 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOPPE, NANCY L,
Address: 1715 NW 26TH ST
City-St-Zip: CAPE CORAL, FL 33993

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: NANCY L HOPPE D 01/05/2007
Electronic Signature of Signing Officer or Director — Date