
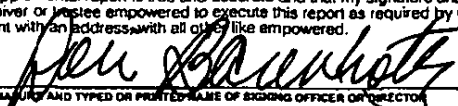


FILED
Jun 11, 2008 8:00 am
Secretary of State

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05-19-2008 90040 021 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000097621		
1. Entity Name WOMEN'S PHYSICAL THERAPY, INC.		
Principal Place of Business 20929 LYONS ROAD BOCA RATON, FL 33428		Mailing Address 5045 POINTE EMERALD LANE BOCA RATON, FL 33486
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARENHOLTZ, DORI 20929 LYONS ROAD BOCA RATON, FL 33428		DO NOT WRITE IN THIS SPACE
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 rechartering)) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BARENHOLTZ, DORI 5045 POINTE EMERALD LANE BOCA RATON, FL 33486	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/6/08 482-4300 <small>Date Daytime Phone</small>