2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# P05000130697

Entity Name: PHYSIOTHERAPY WORKS 2, INC.

Current Principal Place of Business:

4762 SW 1ST AVE
OCALA, FL 34474

New Principal Place of Business:

4762 SW 1ST AVE
OCALA, FL 34471

Current Mailing Address:

4762 SW 1ST AVE
OCALA, FL 34474

New Mailing Address:

4762 SW 1ST AVE
OCALA, FL 34471

FEI Number: 20-3603481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE. 300
TAMPA, FL 336372087 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: MR ( ) Delete
Name: KHAN, AMIN
Address: 4762 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: KHAN, AMIN
Address: 4762 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify 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: AMIN KHAN MR 04/02/2008

Electronic Signature of Signing Officer or Director — Date