

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089716

FILED
Jul 12, 2007
Secretary of State

Entity Name: TERAHANDS PHYSICAL THERAPY INC.

Current Principal Place of Business:

13441 SW 280 TERR
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

13441 SW 280 TERR
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 20-5171103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLINA, ROXANA
13441 SW 280 TERR
HOMESTEAD, FL 33033 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLINA, ROXANA
Address: 3925 NE 12TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOLINA, ROXANA
Address: 13441 SW 280TH TERRACE
City-St-Zip: HOMESTEAD, FL 33033

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: ROXANA MOLINA

MRS.

07/12/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date