2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035659

DAVIE, FL 33330

City-St-Zip:

Entity Name: SUNCARE PHYSICAL THERAPY, INC.

FILED May 01, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
5803 NW SUITE 101 MIAMI LAR					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3995 SW [*] DAVIE, FL					
FEI Number	: 65-0662258	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
3995 SW 7 DAVIE, FL The above in the State	anamed entity se of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU		is Cianatura of Dogistared Age	.	 Date	
Election Car	ce with s. 607.19	iic Signature of Registered Age 3(2)(b), F.S., the corporation did no 3 Trust Fund Contribution (). TORS:	ot receive the prior notice.	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDT () ARRIETTA, AST 3995 SW 139 A DAVIE, FL 333	VE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VDS () VALENTINE, RE 3995 SW 139 A		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: RENFORD VALENTINE VP 05/01/2008