

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350599

FILED
Feb 05, 2007
Secretary of State

Entity Name: STUART PHYSICAL THERAPY INC

Current Principal Place of Business:

719 SOUTHEAST 5TH STREET
STUART, FL 34994

New Principal Place of Business:

1593 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

Current Mailing Address:

1593 NW SPRUCE RIDGE DR
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1267150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURY, JOANNE
1593 NW SPRUCE RIDGE DR
STUART, FL 34994 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: PST () Delete
Name: BURY, JOANNE,
Address: 1593 NW SPRUCE RIDGE DR
City-St-Zip: STUART, FL 34994

Title: VD () Delete
Name: BURY, JOANNE,
Address: 1593 NW SPRUCE RIDGE DR
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOANNE BURY

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date