2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Jul 07, 2006 8:00 am Secretary of State **DOCUMENT #613984** 07-07-2006 90004 013 ***150.00 ACUPUNCTURE AND PHYSICAL THERAPY, INC. Mailing Address Principal Place of Business **5401 COLLINS AVE 5401 COLLINS AVE CH12** 50021869 **CU12** MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 CR2E034 (11/05) 07012006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1900414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address Current Registered Agent DO NOT WRITE CHIN, LINDA W 5401 COLLINS AVE CU12 IN THIS SPACE MIAMI BEACH, FL 33140 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. PD TITLE CHIN, LINDA W NAME 5401 COLLINS AVE CU12 STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTICHMENT 50021869

July 1, 2006

To: Division of Corporations

Re: Document #613984, FEI #59-1900414

I just received a "Notice of Intent to Dissolve" from the Florida Department of State. I do not understand why they are sending me this form. I Filed my "2006 For Profit Corporation Annual Report" with a check for \$150.00 on April 15, 2006. I have been incorporated since 1978 and have never missed a payment.

I am enclosing a copy of the check stub #14076 to show that the payment was made. I am also enclosing a copy of my bank statement for April to show you that I wrote \$6,336.01 worth of checks that month. There is no reason for me to not pay \$150.00.

To date, the check has not cleared my bank, so I have to assume that it was lost in the mail or misplaced.

Enclosed is a replacement check #14152 for \$150.00 with a copy of the original form plus the new form.

Sincerely,

Linda W. Chin, President

Acupuncture & Physical Therapy, Inc.

5401 Collins Ave.

CU12

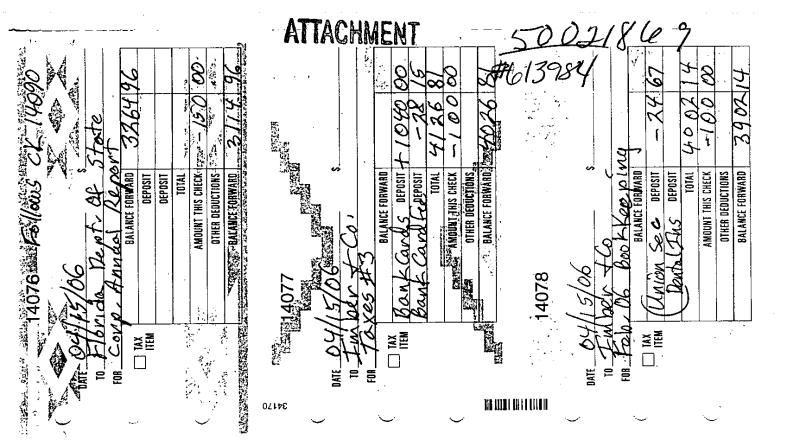
Miami Beach, FL 33140

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

1. Entity Name	MENT #-813984 TURE AND PHYSICAL THE	ERAPY, INC.	i			ATTACHI	VENT	•	
Principal Place 5401 COLLIN CU12 MIAMI BEAC	NS AVE	Mailing Address 5401 COLLINS AVE CU12 MIAMI BEACH FL 3314	40)]		19
US	ace of Business	US 3. Mailing Address					يا بسجاليس	ئائىسالىدى	
Suite, Apt, 4	· · · · · · · · · · · · · · · · · · ·	Suite. Apt. #, etc.	<u> </u>		15	st MOORE (CR2E034	(10/05)	
City & State		City & State	<u></u> .		4. FEI Numb	59-1900414		} i	opilea Foi
Zip	Country	Zıp	Coun	Iry	5. Certificate	e of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New Re	gistered A	gent	
	I, LINDA W COLLINS AVE			Street Address (P.O. Box Numb	per is Not Acceptable;			
	MI BEACH FL 33140			City			FL	Zio Cod	
SIGNATURE _	LE NOW!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o	State CAT	Pegrstere 199	a Agyr'i sopalury rosures 7 19 106 0 7 6	ui .	9. Election Campai Trust Fund Cont	nbuliar.	Add	.00 May Be ed to Fees
TITLE NAME STREET ADORESS	PD CHIN, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH FL 33140	☐ Delete	TITLI NAM STRI		NO STITLE OF THE PROPERTY OF T	373.10.110.20		☐ Change	Apolicon
TITLE MAME STREET ADDRESS OUT +-ST-ZIP		☐ Defete	1	_	-			☐ Change	Addition
OTLE STASET ADDRESS STASET ADDRESS		Delete						Crange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	i i				☐ Change	Addition
TITUE NAME STREET ADDRESS OUT - ST- ZIP		☐ Delete						Criange	Addition
STREET ADDRESS		☐ Delete	CIT	ME REET ADORESS Y - ST - ZIP				Change	Addition
12. I hereby indicated	certify that the information supplied won this report or supplemental report poration or the receiver or trustee emid, or on an attachment with an address.	is frue and accurate and that	ori as rec	exemptions contain ature shall have the quired by Chapter 6	ed in Section 1 same legal eff 07. Florida Sta	119, Florida Statutes I fect as if made under studes; and that my nan	ne appears	in Block 10	or Block 11

04/15/06 305-866-6911



W' Washington Mutual

ATTACHMENT

P.O. BOX 2395 CHATSWORTH, CA 91313-2395

This Statement Covers

From: 04/01/06 Through: 04/30/06

Need assistance? To reach us anytime call 1-800-788-7000 or visit us at wamu.com

ACUPUNCTURE & PHYSICAL THERAPY INC DBA MULTI REHAB HEALTH INSTITUTE 5401 COLLINS AVE STE CU12 MIAMI BEACH FL 33140-5525 TalladlamildaBlanddaladdaddadadadadladd

Are boxes of cancelled checks taking over your office? Now with Business Online Banking you can look at images of the checks you've written the day after debiting your account. Go online to "My Accounts" to discontinue getting checks back in your statement and give yourself some extra office space.

Business Checking Detail Information

ACUPUNCTURE & PHYSICAL THERAPY INC DBA MULTI REHAB HEALTH INSTITUTE

Account Number: Washington Mutual Bank, FA

	Account Summary			
`. Beginning Balance	\$3,298.08			
Deposits	0.00			
Electronic & Misc. Deposits	+7,348.00			
Card Purchases/ATM Withdrawals	0.00			
Electronic & Misc. Withdrawals	-225.00			
Checks Paid	-6,336.01			
Service Fees	0.00			
Ending Balance	\$4,085.07			

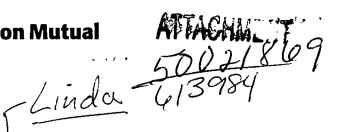
Electronic & Miscellaneous Deposits					
Date	Amount	Description	Çard		
			Number		
04703	1,000.00	Transfer Deposit			
04/05	1,000.00	Transfer Deposit			
04/07	115.00	BANKCARD MTOT DEP 543138110200050	dan		
04/10	568.00	BANKCARD MTOT DEP 543138110200050			
04/11	1,000.00	Transfer Deposit	and the second of the second o		
04/11	50.00	BANKCARD MTOT DEP 543138110200050			
04/14	165.00	BANKCARD MTOT DEP 543138110200050			
04/19	1,000.00	Transfer Deposit			
04/19	85.00	BANKCARD MTOT DEP 543138110200050			
04/21	200.00	BANKCARD MTOT DEP 543138110200050			
04/24	115.00	BANKCARD MTOT DEP 543138110200050	paramente de composições de composiç		
04/27	2,000.00	Transfer Deposit			
04/28	50.00	BANKCARD MTOT DEP 543138110200050			
13 Items	\$7,348.00	1 1 01 1 4 11/207			

1348.99 - Bankcards-Stub#14097

W Washington Mutual

27 Items

\$6,336.01



This Statement Covers
Account Number:

From: 04/01/06 Through: 04/30/06

		Electronic & Miscellaneous Withdrawals
Date	Amount	Description
04/03	132.57	BANKCARD MTOT DISC 543138110200050 > 147 57 - C+121 14097
04/04		BANKCARD MTOT DISC 543138110200050 $> 147.57 - 5 + \mu M / 4097$
04/10	52.76	FPL PAYMENT CTR BILL PYMT 4090
04/20	24.67	UNION SEC INS CO PLAN DUES XXXXX3578 - 5 tub # 14098
4 Items	\$225.00	7,70,0

Checks Paid					
Check	Amount	Date	Check	Amount	Date
Number		Number ·			
4051	78.50	04/04	4075*	167.23	04/27
4055*	78.50	04/04	4077*	100:00	04/26
4056	581.27	04/03	4078	100.00	04/26
4057	581,27	04/06	4079	119,47	04/24
4061*	288.92	04/03	4080	422.88	04/24
4062	80.00	04/03	4083*	69.30	04/27
4065*	78.50	04/04	4084	1,922.00	04/27
4066	178.91	04/12	4088*	35,00	04/11
4067	100.00	04/11	4089	300.00	04/13
4068	486,60	04/12	4091*	75,00	04/14
4069	78.50	04/13	4092	10.00	04/19
4071*	35.00	04/03	4093	220.00	04/19
4072	45.41	04/17	14094*	67.00	04/19
4073	36.75	04/19	l		•

Account Activity Summary					
Average Collected Balance	\$3,997.81	Minimum Daily Ending Balance	\$2,929.8		
Checks Deposited	Ò	Cash Deposited	\$0.00		
Number of Deposits	13	Cash Purchased	\$0.00		
Checks/Debits	27				
Calendar Year-To-Date Overdraft/Non-	Sufficient Funds				
Charges (excluding any charges which h	nave been waived or				
refunded):					
Overdraft charges	\$0.00				
Non-Sufficient Funds charges	\$0.00				

*Indicates check out of sequence

Your Overdraft Limit as of the statement end date: \$1,000.00

Please note that this may be changed at any time without notice (see reverse for more information). As of the statement end date, the fee for any Non-Sufficient Funds transaction, whether paid or returned, was \$30.00 per transaction.