

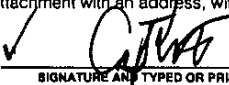


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # 690023 1. Entity Name NORLAND PHYSIO THERAPY, INC.		
Principal Place of Business 7 N.W. 183 STREET MIAMI, FL 33169 US		Mailing Address 7 N.W. 183 STREET MIAMI, FL 33169 US
DO NOT WRITE IN THIS SPACE		
		02212007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2110389
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHANSEN, CAMILLE 7 NW 183 ST MIAMI, FL 33169		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	<div style="text-align: right; margin-bottom: 10px;">U000000659837 03/19/07-80002-021-150.00</div> DO NOT WRITE IN THIS SPACE
NAME	JOHANSEN, CAMILLE	
STREET ADDRESS	7 NW 183ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	ST	
NAME	JOHANSEN, CAMILLE	
STREET ADDRESS	7 NW 183 ST	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Date: <u>3/28/07</u> Daytime Phone # _____