



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 690023</b> 1. Entity Name <b>NORLAND PHYSIO THERAPY, INC.</b>					
Principal Place of Business <b>7 N.W. 183 STREET MIAMI FL 33169 US</b>				Mailing Address <b>7 N.W. 183 STREET MIAMI FL 33169 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2110389</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHANSEN, CAMILLE 7 NW 183 ST MIAMI FL 33169</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when rechartering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JOHANSEN, CAMILLE 7 NW 183ST MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000813849 02/13/08-80020-012 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST JOHANSEN, CAMILLE 7 NW 183 ST MIAMI FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*C. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/08*

*305-652-3614*  
Daytime Phone #