2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# H06389

Entity Name: CLAUDIA SENESAC, P.T. & ROBIN ANDERSEN, P.T., PEDIATRIC PHYSICAL THERAPY - KIDS ON THE MOVE, P.A.

Current Principal Place of Business:

1203 N.W. 16TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1203 N.W. 16TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2422363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTMANN, THOMAS G.
527 E. UNIVERSITY AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

SENESAC, CLAUDIA
1203 NW 16TH AVE
GAINESVILLE, FL 32601 US

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: CLAUDIA SENESAC 01/24/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SENESAC, CLAUDIA,
Address: 1203 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL

Title: DST ( ) Delete
Name: ANDERSEN, ROBIN,
Address: 1203 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SENESAC, CLAUDIA,
Address: 1203 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: DST (X) Change ( ) Addition
Name: ANDERSEN, ROBIN,
Address: 1203 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

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: CLAUDIA SENESAC DP 01/24/2006
Electronic Signature of Signing Officer or Director Date