2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 26, 2006 08:00 AN DOCUMENT # H25243 **Secretary of State** ADVANCED ORTHOPAEDIC & SPORTS PHYSICAL THERAPY, INC. Principal Place of Business Mailing Address 1896 PALM BEACH LAKES BLVD., STE A 1896 PALM BEACH LAKES BLVD., STE A WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2453536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDSTEIN, DANIEL F DO NOT WRITE 4376 DAFFADIL CIRCLE S PALM BEACH GARDENS, FL 33410 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees -- After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GOLDSTEIN, DANIEL ·U00000567590-STREET ADDRESS 4376 DAFFADIL CIRCLE S PALM BEACH GARDENS, FL 33410 06/26/06-80002-018 550.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE ----NAME
STREET ADDRESS
CITY-ST-ZIP

har Violate V

DANIEC F. GOLDSTEIN

6/15/06

561-478-2322

Daytime Phone #

FILED