

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49582

FILED
Feb 21, 2007
Secretary of State

Entity Name: HOWARD PHYSICAL THERAPY CLINIC, P.A.

Current Principal Place of Business:

% BRUCE HOWARD
2340 NE 2ND STREET, SUITE 500
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

% BRUCE HOWARD
2340 NE 2ND STREET, SUITE 500
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-2517896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, BRUCE B
2340 NE 2ND STREET
SUITE 500
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWARD, BRUCE,
Address: 2340 NE 2ND ST, #500
City-St-Zip: OCALA, FL 34470

Title: V () Delete
Name: HOWARD, NADENE,
Address: 2340 NE 2ND ST, #500
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE HOWARD

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date