

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04949

FILED
Apr 23, 2007
Secretary of State

Entity Name: L'IMAGE PHYSICAL THERAPY AND REHABILITATION, INC.

Current Principal Place of Business:

9380 SW 72 ST
STE B222
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9764 SW 148 CT
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 65-0019918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASHMI, NASIM
9764 SW 148 CT
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

HASHMI, NASIM PRES
9764 SW 148 CT
MIAMI, FL 33196 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: NASIM HASHMI

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HASHMI, NASIM
Address: 9764 SW 148 CT
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: HASHMI, MARATIB
Address: 9764 SW 148 CT
City-St-Zip: MIAMI, FL 33196

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: NASIM HASHMI

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date