

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K04949

**FILED**  
**Apr 28, 2010**  
**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, MARATIB A  
9764 SW 148 CT  
MIAMI, FL 33196 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  
**Name:** HASHMI, MARATIB  
**Address:** 9764 SW 148 CT  
**City-St-Zip:** MIAMI, FL 33196

I hereby 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 all other like empowered.

**SIGNATURE:** HASHMI

MRS.

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date