

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60442

FILED
Jan 15, 2007
Secretary of State

Entity Name: PHYSICAL THERAPY HOME CARE, INC.

Current Principal Place of Business:

8140 BAYHAVEN DR.
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4815
SEMINOLE, FL 33775 US

New Mailing Address:

FEI Number: 59-2999474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCCOLLOM, STUART
8140 BAYHAVEN DR
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

MACCOLLOM, STUART
8140 BAYHAVEN DR
SEMINOLE, FL 33776 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: STUART MACCOLLOM

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACCOLLOM, ELAINE
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: VPS () Delete
Name: MACCOLLOM, STUART
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: ST () Delete
Name: LALLY, PETER
Address: 8410 144TH LANE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change () Addition
Name: MACCOLLOM, STUART
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

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: ELAINE MACCOLLOM

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date