

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011190

FILED  
Sep 12, 2007  
Secretary of State

**Entity Name:** PHYSICAL THERAPY AND WELLNESS INSTITUTE, INC

**Current Principal Place of Business:**

23 E. ACRE DR.  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

23 E. ACRE DR.  
PLANTATION, FL 33317

**New Mailing Address:**

PO BOX 15459  
FT LAUDERDALE, FL 33318 54

**FEI Number:** 59-3620118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPPEE', LAURA  
23 E. ACRE DR  
PLANTATION, FL 33317 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: COPPEE', LAURA  
Address: 23 E ACRE DRIVE  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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: LAURA COPPEE

DPS

09/12/2007

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

\_\_\_\_\_  
Date