

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011190

FILED
Jul 09, 2008
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:

PO BOX 15459
FT LAUDERDALE, FL 33318 54

New Mailing Address:

PO BOX 15458
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

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: DPT (X) Change () Addition
Name: COPPEE', LAURA
Address: 23 E ACRE DRIVE
City-St-Zip: PLANTATION, FL 33317

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

DIR

07/09/2008

Electronic Signature of Signing Officer or Director

Date