

2007 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


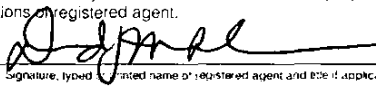
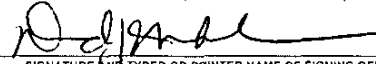
APPROVE
AND
FILED

07 NOV 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-30-07



DOCUMENT # P00000020386					
1. Entity Name HARBOR PHYSICAL THERAPY & MASSAGE, INC.					
Principal Place of Business 110 CENTURY BLVD WEST PALM BEACH, FL 33417			Mailing Address 110 CENTURY BLVD WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0987748	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURANTE, PAT N 9125 FROUDE AVE. SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name: David J. Menkhaus Street Address (P.O. Box Number is Not Acceptable): 1900 Glades Rd. Suite 401 City: Boca Raton FL Zip Code: 33431		
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE: 		David J. Menkhaus		11/27/07	
Signature, typed or printed name of registered agent and fee if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOZANO, HUMBERTO 1090 KANE CONCOURSE STE. SUITE 102 BAY HARBOR ISLAND, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Les Alt 110 Century Blvd West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	m.d Garrett Bragg 6450 NW 5th Way Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D David Menkhaus 1900 Glades Rd #401 Boca Raton FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Denise Bragg 6450 NW 5th Way Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brad Estrada 110 Century Blvd. West Palm Beach, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			000112804920 12/04/07--01012--010 **\$61.25		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		11/27/07 5613947910			
Signature and typed or printed name of signing officer or director		Date			