

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020386

FILED
May 16, 2008
Secretary of State

Entity Name: HARBOR PHYSICAL THERAPY & MASSAGE, INC.

Current Principal Place of Business:

110 CENTURY BLVD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

110 CENTURY BLVD
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 65-0987748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES RD.
SUITE 401
BOCA RATON, FL 33431 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: PD () Delete
Name: ALT, LES
Address: 110 CENTURY BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MD () Delete
Name: BRAGG, GARRETT
Address: 6450 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Delete
Name: MENKHAUS, DAVID J
Address: 1900 GLADES RD. #401
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: BRAGG, DENISE
Address: 6450 N. W. 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Delete
Name: ESTRA, BRAD
Address: 110 CENTURY BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BRAD ESTRA

MR

05/16/2008

Electronic Signature of Signing Officer or Director

Date