## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2007 8:00 am Secretary of State

Country	DOCUMENT # P0000028504  1. Entity Name FIT FOR LIFE PHYSICAL THERAPY, INC.						03-01-2007 9	90013 048 ***	150.00	
Sulle, Apt. #, etc.	908 NW 57 S	ST STE B	10 NORTHWEST 80TH BOULEVARD							
City & State	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Space   Spac	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-P	CR2E034 (12/0	06)		
S. Certificate of Status Desired   Face Requision   Fac					<u> </u>		918		Applied For Not Applicable	
VAES, ROBERTA 10 NW 80 BLVD GAINESVILLE, FL 32607    City   FL   Zip Code	Zip			Coun	try ·			Fee Req		
SIGNATURE  Signature Fee Display is a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  SIGNATURE  Symbolic from the ordinated registered agent and the fragilization. (FIGTE integrative Agent signature recipies) when retensiving to the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in the State of Florida. I am familiar with, and accept the collegations of registered agent. Or both in		o. Name and Address of Current	Name	r. Name and A	uuress of New Re	egisterea Agent				
B. 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   Signature (piped or prided name of registered agent and feel of applicable)   (POTE Prepativer degent expraise required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature (piped or prided name of registered agent and feel of applicable)   (POTE Prepativer degent expraise required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the property of	10 NW 80 BLVD				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE    Signature   Signa					City			FL   Zip (	Code	
After May 1, 2007 Foo will bo \$550.00  After May 1, 2007 Foo will bo \$550.00  Trust Fund Contribution  10.	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.									
After May 1, 2007 Fee will be \$55.00  Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   D										
TITLE NAME VAES, G. LAMBERT 10 NORTHWEST 80TH BLVD. GAINESVILLE, FL 32607	FILE HOVEM FEE 13 \$ 150.00									
NAME STREET ADDRESS CITY-ST-ZIP OHNESVILLE, FL 32607  ITILE VAES, ROBERTA J 10 NORTHWEST 80TH BLVD. GAINESVILLE, FL 32607  ITILE VAES, ROBERTA J 10 NORTHWEST 80TH BLVD. GAINESVILLE, FL 32607  ITILE OVP OCHS, DAVID OHNESVILLE, FL 32607  ITILE OCHS, DAVID OHNESVILLE, FL 32607  ITILE OCHS, DAVID OHNESVILLE, FL 32606  ITILE OCHS, DAVID		<del></del>	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECT	ORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DVP CGAINESVILLE, FL 32607  TITLE DVP Delete TITLE NAME OCHS, DAVID TIME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	VAES, G. LAMBERT 10 NORTHWEST 80TH BLVD.	☐ Delete	NAM STRE	E Et address			☐ Char	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	VAES, ROBERTA J 10 NORTHWEST 80TH BLVD.	☐ Delete	NAM STRE	E ET ADDRESS			Char	ge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	OCHS, DAVID 1040 NW 89 DR	☐ Delete	NAM STRE	E ET ADDRESS			☐ Char	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	FRAZER, CHARLENE 7111 NW 51 TERR	☐ Delete	NAM Stre	E ET ADO <b>re</b> ss			☐ Char	ge	
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	NAME Street Address		☐ Delete	NAM Stre	e et address			☐ Char	ge 🔲 Addition	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	partity that the information supplied with		NAM STRE CITY	E ET ADDRESS -ST-ZIP	Lin Chanter 110	Florida Statistan 1			

12. Indeeby certify that the information supplied with this filling does not quality 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 emptiwered 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 according with all other the empowered.

SIGNATURE:

ATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/28/07 352-373-7989

Daytime Phone #