

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028504

FILED  
Feb 02, 2008  
Secretary of State

Entity Name: FIT FOR LIFE PHYSICAL THERAPY, INC.

## Current Principal Place of Business:

908 NW 57 ST STE B  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

10 NORTHWEST 80TH BOULEVARD  
GAINESVILLE, FL 32607

## New Mailing Address:

FEI Number: 59-3631918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAES, ROBERTA  
10 NW 80 BLVD  
GAINESVILLE, FL 32607 US

## Name and Address of New Registered Agent:

VAES, ROBERTA J  
10 NW 80 BLVD  
GAINESVILLE, FL 32607 US

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: ROBERTA VAES

02/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VAES, G. LAMBERT  
Address: 10 NORTHWEST 80TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: VAES, ROBERTA J  
Address: 10 NORTHWEST 80TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32607

Title: DVP ( ) Delete  
Name: OCHS, DAVID  
Address: 1040 NW 89 DR  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: FRAZER, CHARLENE  
Address: 7111 NW 51 TERR  
City-St-Zip: GAINESVILLE, FL 32653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change ( ) Addition  
Name: OCHS, DAVID  
Address: 908 NW 57 ST STE B  
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change ( ) Addition  
Name: FRAZER, CHARLENE  
Address: 908 NW 57 ST STE B  
City-St-Zip: GAINESVILLE, FL 32605

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: ROBERTA VAES

D

02/02/2008

Electronic Signature of Signing Officer or Director

Date