

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028504

FILED
Jan 20, 2009
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:

4343 WEST NEWBERRY ROAD
SUITE 4
GAINESVILLE, FL 32607

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 J
10 NW 80 BLVD
GAINESVILLE, FL 32607 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: 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: 908 NW 57 ST STE B
City-St-Zip: GAINESVILLE, FL 32605

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

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:

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

MRS

01/20/2009

Electronic Signature of Signing Officer or Director

Date