

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033379

FILED
Mar 23, 2009
Secretary of State

Entity Name: HOLISTIC PHYSICAL THERAPY & LYMPHEDEMA SERVICES, INC.

Current Principal Place of Business:

501 GOODLETTE RD, BLDG D-100
B-106
NAPLES, FL 34102

New Principal Place of Business:

501 GOODLETTE RD, BLDG D-100
B-106
NAPLES, FL 34102

Current Mailing Address:

New Mailing Address:

FEI Number: 59-3639885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIBBEL, BRUCE K
501 GOODLETTE RD, B-106
NAPLES, FL 34102 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: PVST () Delete
Name: RIBBEL, BRUCE K
Address: 1735 CAMELIA LANE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRUCE K. RIBBEL

PVST

03/23/2009

Electronic Signature of Signing Officer or Director

Date