


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 012 ***150.00

DOCUMENT # P00000102230	
1. Entity Name AMERICAN PHYSICAL THERAPY INSTITUTE, INC.	

Principal Place of Business 3850 S.W. 87TH AVENUE SUITE 103 MIAMI, FL 33165	Mailing Address 3850 S.W. 87TH AVENUE SUITE 103 MIAMI, FL 33165
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40036215



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RODDAM, MARIE 3850 SW 87TH AVENUE #103 MIAMI, FL 33165	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODDAM, MARIE 3850 SW 87TH AVENUE, #103 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLAECHEA, CARLOS H 3850 SW 87TH AVENUE #103 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODDAM, MARIE RODRIGUEZ, CARLOS E. 3850 S.W. 87TH AVENUE SUITE 103 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 empowered 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 address, with all other like empowered.

SIGNATURE: M. Roddam MARIE RODDAM 3-12-07 (305) 554-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #