

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069550

FILED
Apr 30, 2007
Secretary of State

Entity Name: PREVENTION PHYSICAL THERAPY INCORPORATED

Current Principal Place of Business:

14700 SW 29TH PLACE
DAVIE, FL 33330

New Principal Place of Business:

16200 SOUTH POST ROAD
#304
WESTON, FL 33331

Current Mailing Address:

14700 SW 29TH PLACE
DAVIE, FL 33330

New Mailing Address:

16200 SOUTH POST ROAD
#304
WESTON, FL 33331

FEI Number: 65-1127249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, PRESTON DR.
14700 SW 29TH PLACE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

OLSON, PRESTON DR.
16200 SOUTH POST ROAD
#304
WESTON, FL 33331 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: _____

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: OLSON, PRESTON R DR.
Address: 14700 SW 29TH PLACE
City-St-Zip: DAVIE, FL 33330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: OLSON, PRESTON R DR.
Address: 16200 SOUTH POST ROAD
City-St-Zip: WESTON, FL 33331 US

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: PRESTON OLSON

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

Date