


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

05-15-2007 90010 028 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---------|---|---------|
| DOCUMENT # P01000087210 | |  | |
| 1. Entity Name SMITH PHYSICAL THERAPY REHABILITATION CORP. | | | |
| Principal Place of Business 640 N.W. 36TH COURT UNIT D, C MIAMI, FL 33125 | | Mailing Address 640 N.W. 36TH COURT UNIT D, C MIAMI, FL 33125 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent PENA, MICHAEL 1631 SW 32 AVE. MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent Name Pena, Michael Street Address (P.O. Box Number is Not Acceptable) 640 NW 36 St. UNIT D.C. City Miami, FL Zip Code 33125 | |
| 8. The above named agent 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 Michael Pena DATE 4-3-06 <small>(NOTE: Registered Agent signature required when registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS TITLE NAME <input type="checkbox"/> Delete PDS NAME PENA, MICHAEL STREET ADDRESS 1631 SW 32ND AVE. CITY-ST-ZIP MIAMI, FL 33145 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PDS NAME Pena, Michael STREET ADDRESS 640 NW 36 St. Unit D.C. CITY-ST-ZIP Miami, FL 33125 | |
| 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 to an address with all other like empowered. | | | |
| SIGNATURE: Michael Pena, Pres. 4/3/06 | | | |