

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	4. FEI Number 65-1136086	
				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 PENA, MICHAEL 1631 SW 32 AVE. MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: <i>Pena, Michael</i> Street Address (P.O. Box Number is Not Acceptable): <i>640 NW 36 Ct.</i> <i>UNIT D.C.</i> City: <i>Miami,</i> FL Zip Code: <i>33125</i>		
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: <i>[Signature]</i>			Signature, typed or printed name of registered agent and title if applicable: <i>Michael Pena</i>		DATE: <i>4-3-06</i>
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS <input type="checkbox"/> Delete	TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENA, MICHAEL	NAME	<i>Pena, Michael</i>		
STREET ADDRESS	1631 SW 32ND AVE.	STREET ADDRESS	<i>640 NW 36 St. Unit D.C.</i>		
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	<i>Miami, FL 33125</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

40113973



04032006 Chg-P CR2E034 (11/05)



Smith Physical Therapy Rehabilitation
640 NW 36th Ct Unit D
Miami, FL 33125

2801
 63-643/670
 BRANCH 00308

Pay to the Order of *Florida Department of State* \$ *150.00*
One hundred and fifty Dollars

WACHOVIA
 Wachovia Bank, N.A.
 wachovia.com

For *Annual Report 2007*

<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *Michael Pena, Pres.* DATE: *4/3/06*