

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095253

FILED
Apr 27, 2007
Secretary of State

Entity Name: PRIME PHYSICAL THERAPY INC.

Current Principal Place of Business:

7815 N. DALE MABRY HWY
SUITE 102
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P O BOX 272689
TAMPA, FL 336882689

New Mailing Address:

FEI Number: 52-2344261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBIN
3316 STONEMAN LOOP
LAND O LAKES, FL 34638 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: D () Delete
Name: JOHNSON, ROBIN
Address: 3316 STONEMAN COOP
City-St-Zip: LAND O LAKES, FL 34638

Title: D () Delete
Name: DORIS, KEVIN
Address: 4205 MAST COURT
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBIN JOHNSON

MRS

04/27/2007

Electronic Signature of Signing Officer or Director

Date