


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P01000104333	
1. Entity Name PHYSICAL THERAPY IN YOUR HOME, INC.	

Principal Place of Business 7000 MY CAMINO REAL SUITE 100 240 BOCA RATON, FL 33433	Mailing Address 2170 SW 7TH CT. BOCA RATON, FL 33486
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04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1140510	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCORMACK, EDWARD J 2170 SW 7TH CT. BOCA RATON, FL 33486
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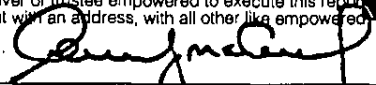
DO NOT WRITE IN THIS SPACE

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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000908172 05/06/08-80017-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCCORMACK, EDWARD J 2170 SW 7TH CT BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCORMACK, CHERYL A 2170 SW 7TH CT BOCA RATON, FL 33486
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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 exemption provided in Chapter 119, Florida Statutes. I further certify that the information, if indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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 persons contained in Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.	
SIGNATURE: 	Date 4/16/08 Daytime Phone # 561-729-2046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

