2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P02000037287

Entity Name: HEALTHSPOT PHYSICAL THERAPY & FITNESS, INC.

Current Principal Place of Business:

1570 ROYAL PALM SQUARE BLVD.
SUITE 105
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

11594 PLANTATION PRESERVE CIRCLE
FORT MYERS, FL 33966

New Mailing Address:

PO BOX 61893
FORT MYERS, FL 33906 US

FEI Number: 75-3044475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCBREEN, AMY L
1510 ROYAL PALM SQUARE BLVD.
SUITE 105
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

MCBREEN, AMY L
1510 ROYAL PALM SQUARE BLVD
STE 105
FORT MYERS, FL 33919 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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: MCBREEN, AMY L PRES
Address: 11594 PLANTATION PRESERVE CIRCLE
City-St-Zip: FORT MYERS, FL 33966

Title: MR. ( ) Delete
Name: BABB, KERRY L VP
Address: 1510 ROYAL PALM SQUARE BLVD, STE 105
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: MCBREEN, AMY L PRES
Address: PO BOX
City-St-Zip: FORT MYERS, FL 33906 US

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: AMY MCBREEN PRES 03/24/2009
Electronic Signature of Signing Officer or Director — Date