

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062636

FILED
Jan 07, 2008
Secretary of State

Entity Name: ADVANCED INTEGRATED MANUAL PHYSICAL THERAPY, PA

Current Principal Place of Business:

1800 WEST WOOLBRIGHT ROAD
SUITE 101
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1800 WEST WOOLBRIGHT ROAD
SUITE 101
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 01-0711028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRICKETT, NEIL J
1800 W. WOOLBRIGHT ROAD
SUITE 101
BOYNTON BEACH, FL 33426 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: P () Delete
Name: TRICKETT, NEIL J
Address: 1800 W. WOOLBRIGHT ROAD, SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V () Delete
Name: TRICKETT, AMY K
Address: 1800 W. WOOLBRIGHT ROAD, SUITE 101
City-St-Zip: BOYNTON BEACH, FL 33426

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: NEIL TRICKETT

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date