

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065377

Entity Name: ALL PRO PHYSICAL THERAPY, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1411 S AUDOBON DRIVE
HOMESTEAD, FL 33035

New Principal Place of Business:

18701 SOUTHWEST 291 TERRACE
HOMESTEAD, FL 33030

Current Mailing Address:

1411 S AUDOBON DRIVE
HOMESTEAD, FL 33035

New Mailing Address:

18701 SOUTHWEST 291 TERRACE
HOMESTEAD, FL 33030

FEI Number: 82-0562824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISKE, GREGG D
1411 S AUDOBON DRIVE
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

FISKE, GREGG D
18701 SOUTHWEST 291 TERRACE
HOMESTEAD, FL 33030 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: GREGG D FISKE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FISKE, GREGG D
Address: 1411 S AUDOBON DRIVE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FISKE, GREGG D
Address: 18701 SOUTHWEST 291 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

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: GREGG D FISKE

PS

04/30/2007

Electronic Signature of Signing Officer or Director

Date