

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097727

FILED
Mar 16, 2008
Secretary of State

Entity Name: ALPHA PHYSICAL THERAPY & REHAB, INC.

Current Principal Place of Business:

6600 W. ATLANTI AVE.
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

8983 OKEECHOBEE BLVD
SUITE 202, PMB 230
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 82-0566847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFF, ROBYN
17493-48TH COURT NORTH
LOXAHATCHEE, FL 33470 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: HUFF, ROBYN
Address: 17493-48TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Delete
Name: SHARMA, SUNITA
Address: 3603 NW 6TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ROBYN HUFF

D

03/16/2008

Electronic Signature of Signing Officer or Director

_____ Date