2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101732

FILED May 01, 2008 Secretary of State

Entity Name: INNOVATIVE PHYSICAL THERAPY SOLUTIONS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	E SAXON DR LAKES, FL 3			
Current Mailing Address:		New Mailing Address:		
	E SAXON DR LAKES, FL 3			
FEI Number	: 30-0136575	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
2953 LAKE	MICHAEL E SAXON DR LAKES, FL 3			
2953 LAKE LAND OF The above	E SAXON DR LAKES, FL 3	4639 US	purpose of changing its registered	d office or registered agent, or both,
2953 LAKE LAND OF The above	E SAXON DR LAKES, FL 3 named entity of Florida.	4639 US	purpose of changing its registered	d office or registered agent, or both,
2953 LAKE LAND OF The above in the State	E SAXON DR LAKES, FL 3 named entity of Florida. RE:	4639 US		d office or registered agent, or both, Date
2953 LAKE LAND OF The above in the State SIGNATUI	E SAXON DR LAKES, FL 3 e named entity e of Florida. RE: Electro ce with s. 607.1	4639 US submits this statement for the	ent	
2953 LAKE LAND OF The above in the State SIGNATUI In accordan Election Cai	E SAXON DR LAKES, FL 3 e named entity e of Florida. RE: Electro ce with s. 607.1	4639 US submits this statement for the nic Signature of Registered Ages (2)(b), F.S., the corporation did no Trust Fund Contribution ().	ent ot receive the prior notice.	
2953 LAKE LAND OF The above in the State SIGNATUI In accordan Election Cai	e named entity e of Florida. RE: Electro ce with s. 607.1 mpaign Financi S AND DIRECTOR COOLEY, MA 2953 LAKE S.	submits this statement for the nic Signature of Registered Ag 93(2)(b), F.S., the corporation did nig Trust Fund Contribution (). CTORS:) Delete RY M	ent ot receive the prior notice. ADDITIONS/CHANGE	Date

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: MICHAEL D. COOLEY D 05/01/2008