2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P02000108176

Entity Name: CHIPLEY PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1414 MAIN STREET
SUITE 3
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

765 DOGWOOD LANE
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 82-0566563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAUREL, RUBEN A
765 DOGWOOD LANE
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

LAUREL, RUBEN A CEO
765 DOGWOOD LANE
CHIPLEY, FL 32428 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: RUBEN A LAUREL 01/31/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAUREL, RUBEN A
Address: 765 DOGWOOD LANE
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: LAUREL, RUBEN A CEO
Address: 765 DOGWOOD LANE
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBEN A LAUREL CEO 01/31/2006
Electronic Signature of Signing Officer or Director Date