
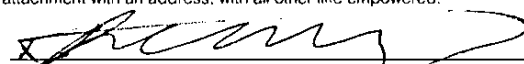


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 045 ***150.00

DOCUMENT # P02000112625					
1. Entity Name RICHAB PHYSICAL THERAPY, INC.					
Principal Place of Business 4501 NW 70 AVE LAUDERHILL, FL 33319			Mailing Address 4501 NW 70 AVE LAUDERHILL, FL 33319		
2. Principal Place of Business - No P.O. Box # 2331 N STATE Rd 7		3. Mailing Address 2331 N State Rd 7			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102			
City & State LAUDERDALE LAKES		City & State LAUDERDALE LAKES			
Zip 33313		Country BROWARD		Zip 33313	
Country BROWARD		Country BROWARD			
6. Name and Address of Current Registered Agent CAMPBELL, RICHARD 4501 NW 70 AVE LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name: CAMPBELL, RICHARD Street Address (P.O. Box Number is Not Acceptable): 2331 STATE ROAD 7 STE 102 City: LAUDERDALE LAKES FL Zip Code: 33313		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP CAMPBELL, RICHARD 4501 NW 70 AVE LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Campbell, Richard 2331 N STATE Rd 7 Ste 102 LAUDERDALE FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			x 4/18/07 x 9548954832		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					