


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000129790**

1. Entity Name  
**MOBILE PHYSICAL THERAPY, INC.**



Principal Place of Business  
**814 SW GLENVIEW COURT  
 PORT ST. LUCIE, FL 34953**

Mailing Address  
**814 SW GLENVIEW COURT  
 PORT ST. LUCIE, FL 34953**

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>02-0655836</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEETS, BARRY M  
 2400 SE VETERANS MEMORIAL PARKWAY  
 SUITE 206  
 PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OREO, ELIZABETH A 310 HOLLY AVE. PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OREO, BRUCE J 310 HOLLY AVE. PORT ST. LUCIE, FL 34952
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 03/13/08-80014-005 150.00

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:** *E. Oreo, PT* **2/29/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #