2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# P03000011770

Entity Name: TRITTSCHUH PHYSICAL THERAPY, INC.

Current Principal Place of Business:

890 N BOUNDARY AVE STE 200
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

143 LIVE OAK CT
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 65-1171140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNER, JEFFREY R
143 LIVE OAK CT
NEW SMYRNA BEACH, FL 32168 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: P ( ) Delete
Name: GROVER, ROGER
Address: 890 N BOUNDARY AVE STE 200
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete
Name: BERNER, JEFFREY R
Address: 143 LIVE OAK CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: OFF (X) Delete
Name: TRITTSCHUH, JENNIFER E
Address: STORE TVEITVELEN 186
City-St-Zip: PARADIS, NORWAY, 5231

Title: OFF (X) Delete
Name: TRITTSCHUH, JOHN L
Address: 6837 MAPLE TERRACE
City-St-Zip: WAUWATOSA, WI 53213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEFFREY R BERNER VP 02/18/2008

Electronic Signature of Signing Officer or Director — Date