2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022612

FILED Jan 23, 2008 Secretary of State

Entity Name: WORTH PHYSICAL THERAPY, INC. **Current Principal Place of Business: New Principal Place of Business:** 7111 LAKE WORTH RD. LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 7111 LAKE WORTH RD LAKE WORTH, FL 33467 FEI Number: 76-0726333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEOPOLD, MICHAEL 7111 LAKÉ WORTH RD LAKE WORTH, FL 33467 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LEOPOLD, MICHAEL D LEOPOLD, MICHAEL D Name: Name: 628 JUNIPER PLACE 10452 TRIANON PLACE Address: Address:

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

() Delete Title: Title: () Change () Addition

SELTER, MICHELLE Name: Name: 104 PARKWAY Address: Address: HARRINGTON PARK, NJ 07640 City-St-Zip: 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: MICHAEL D LEOPOLD **PRES** 01/23/2008