

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038400

Entity Name: PHYSICAL THERAPY 4 U, INC.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

2828 S. MCCALL ROAD
35
ENGLEWOOD, FL 34224

Current Mailing Address:

PO BOX 1174
ENGLEWOOD, FL 34295

New Principal Place of Business:

2828 S. MCCALL ROAD
235
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 58-2668557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTTENFIELD, TODD D PRES.
2828 S. MCCALL ROAD
35
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

BOTTENFIELD, TODD D PRES.
2828 S. MCCALL ROAD
235
ENGLEWOOD, FL 34224 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

01/12/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BOTTENFIELD, TODD D PRES.
Address: 12395 KROME AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TODD D BOTTENFIELD

PRES

01/12/2007

Electronic Signature of Signing Officer or Director

Date