



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90130 019 \*\*\*150.00

<b>DOCUMENT # P03000051846</b> 1. Entity Name CPT COHEN PHYSICAL THERAPY CORP.					
Principal Place of Business 21130 N.E. 19TH AVE. N. MIAMI BEACH, FL 33179			Mailing Address 21130 N.E. 19TH AVE. N. MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2351300</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  COHEN, CRAIG 21130 N.E. 19TH AVE. N. MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City		
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.			Applied For Not Applicable		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. COHEN, CRAIG 21130 N.E. 19TH AVE. N. MIAMI BEACH, FL 33179	<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	MS. COHEN, RACHEL 21130 N.E. 19TH AVE. N. MIAMI BEACH, FL 33179	<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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					