2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086101

FILED
Apr 04, 2010
Secretary of State

Entity Name: BODIES IN MOTION REHAB & WELLNESS, INC.

Current Principal Place of Business:

9806 SW 222 TERRACE
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

9806 SW 222 TERRACE
MIAMI, FL 33190

New Mailing Address:

FEI Number: 57-1183094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAENZ, RAUL M CPA
8180 NW 36TH STREET
SUITE 100
MIAMI, FL 33166 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
Name: JOHNSON, GAIL M
Address: 9806 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: P
Name: JOHNSON, GAIL M
Address: 9806 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: P
Name: JOHNSON, GAIL M
Address: 9806 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: P
Name: JOHNSON, GAIL M
Address: 9806 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: P
Name: JOHNSON, GAIL M
Address: 9806 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190

Title: P
Name: JOHNSON, GAIL M
Address: 9806 SW 222 TERRACE
City-St-Zip: MIAMI, FL 33190

I hereby 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 all other like empowered.

SIGNATURE: GAIL JOHNSON P 04/04/2010
Electronic Signature of Signing Officer or Director Date