


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**


02-06-2008 90034 029 \*\*\*150.00

<b>DOCUMENT # P03000093585</b> 1. Entity Name PEOPLES PHYSICAL THERAPY, INC.	
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Principal Place of Business PEOPLES PHYSICAL THERAPY 1322 OAK STREET MELBOURNE, FL 32901	Mailing Address PEOPLES PHYSICAL THERAPY 1322 OAK STREET MELBOURNE, FL 32901
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**66002601**



01302008 No Chg-P CR2E034 (11/05)

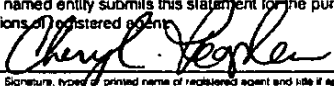
4. FEI Number 20-0180587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE, FL 32901

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IN THIS SPACE**

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.

SIGNATURE:  DATE: 2/1/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)


<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>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEOPLES, CHERYL L 614 HUMMINGBIRD DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  DATE: 3/3/08 321-409-0953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR