

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106031

FILED
Apr 30, 2007
Secretary of State

Entity Name: TOTAL THERAPY PROVIDERS OF FLORIDA, INC.

Current Principal Place of Business:

5100 W. COPANS ROAD
SUITE 300
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5100 W. COPANS ROAD
SUITE 300
MARGATE, FL 33063

New Mailing Address:

FEI Number: 42-1605366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALERSTEIN, JOAN
5100 W. COPANS ROAD
SUITE 300
MARGATE, FL 33063 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: D () Delete
Name: WALERSTEIN, JOAN
Address: 5100 W. COPANS RD #300
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: LEVY, RICHARD A
Address: 5100 W. COPANS RD #300
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: RICHARD A. LEVY

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date