2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P03000108332

Entity Name: PHYSICAL THERAPY FOR YOU, INC.

Current Principal Place of Business:

1739 VILLAGE BLVD
#112
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1739 VILLAGE BLVD
#112
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-0293650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN, NATHALIE
1739 VILLAGE BLVD
#112
WEST PALM BEACH, FL 33409 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: PVST ( ) Delete
Name: JEAN, NATHALIE
Address: 1090 WOODBINE WAY APT. 1009
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: NATHALIE JEAN PRE 09/05/2006

Electronic Signature of Signing Officer or Director — Date