# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 21, 2007**
**Secretary of State**

DOCUMENT# P03000114993

**Entity Name:** SCHWARZ PHYSICAL THERAPY SERVICES, INC.

**Current Principal Place of Business:**

3501 HEALTH CENTER BLVD
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2123
LEHIGH ACRES, FL 33972 US

**New Mailing Address:**

20290 SIX LS FARM RD
ESTERO, FL 33928 US

**FEI Number: 54-2138443** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARZ, PATRICIA K
2249 KATHERINE ST.
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

SCHWARZ, PATRICIA K
20290 SIX LS FARM RD
ESTERO, FL 33928 US

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: PATRICIA SCHWARZ 08/21/2007
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SCHWARZ, PATRICIA K
Address: 2249 KATHERINE ST.
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: SCHWARZ, PATRICIA K
Address: 20290 SIX LS FARM RD
City-St-Zip: ESTERO, FL 33928

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: PATRICIA SCHWARZ MRS 08/21/2007
Electronic Signature of Signing Officer or Director Date