2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012894

Entity Name: HEALTH AND WELLNESS PHYSICAL THERAPY INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15523 S.W. 49TH COURT MIRAMAR, FL 33027 **Current Mailing Address: New Mailing Address:** 15523 S.W. 49TH COURT MIRAMAR, FL 33027 FEI Number: 77-0621731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAST, LOUIS F RODRIGUEZ, EDUARDO 4805 NW 79 AVE. 15523 S.W. 49TH COURT STE. 9 MIAMI, FL 33027 DORAL, FL 33166 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: EDUARDO RODRIGUEZ 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition RODRIGUEZ, EDUARDO Name: Name: 15523 S.W. 49TH COURT Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: VTD Title: () Change () Addition (X) Delete Name: RUIZ JAIME Name: 15523 S.W. 49TH COURT Address: Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDUARDO RODRIGUEZ PSD 04/29/2005