2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P04000028980

Entity Name: QUALITY CARE PHYSICAL THERAPY INC

Current Principal Place of Business:

1030 MIDDLESEX DRIVE
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

9460 REDHAWK BEND LN
LAKELAND, FL 33810 US

Current Mailing Address:

1030 MIDDLESEX DRIVE
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

9460 REDHAWK BEND LN
LAKELAND, FL 33810 US

FEI Number: 20-0720240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRISTINE M BIGELOW CPA PA
6630 EMBASSY BLVD
B
PORT RICHEY, FL 346684737 US

Name and Address of New Registered Agent:

AVITO VANO
9460 REDHAWK BEND LN
LAKELAND, FL 33810 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: AVITO VANO 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VANO, AVITO V
Address: 1030 MIDDLESEX DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP ( ) Delete
Name: VANO, MARSHA K
Address: 1030 MIDDLESEX DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VANO, AVITO V
Address: 9460 REDHAWK BEND LN
City-St-Zip: LAKELAND, FL 33810 US

Title: VP (X) Change ( ) Addition
Name: VANO, MARSHA K
Address: 9460 REDHAWK BEND LN
City-St-Zip: LAKELAND, FL 33810 US

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: AVITO VANO P 04/26/2007
Electronic Signature of Signing Officer or Director Date