

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053276

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** HAND AND ARM THERAPY SPECIALIST'S INC.

**Current Principal Place of Business:**

501 GOLDEN ISLES DRIVE  
204 A-3  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

501 GOLDEN ISLES DRIVE  
204 A-C  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

13285 LAKESIDE TERR.  
COOPER CITY, FL 33330

**New Mailing Address:**

**FEI Number:** 68-0581016      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RUBIO-YATES, SONIA L  
13285 LAKESIDE TERR.  
COOPER CITY, FL 33330      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: PST ( ) Delete  
Name: RUBIO-YATES, SONIA L  
Address: 13285 LAKESIDE TERR.  
City-St-Zip: COOPER CITY, FL 33330

**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: SONIA L RUBIO-YATES

PST

01/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date