

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116975

FILED
Jan 18, 2006
Secretary of State

Entity Name: ADVANCE PHYSICAL THERAPY & WELLNESS, INC.

Current Principal Place of Business:

13830 58TH ST N
STE 409
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

13830 58TH ST N
STE 409
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 20-1494637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M
1250 S BELCHER RD, STE 160
LARGO, FL 33771 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: T () Delete
Name: RUSSELL, TERRY
Address: 3600 OAK MANOR LANE
City-St-Zip: LARGO, FL 33774

Title: P () Delete
Name: SCHWARTZ, TARA
Address: 13830 58TH ST N, STE 409
City-St-Zip: CLEARWATER, FL 33773

Title: V () Delete
Name: SNELLENBURG, KIRSTEN
Address: 13830 58TH ST N, STE 409
City-St-Zip: CLEARWATER, FL 33773

Title: S () Delete
Name: KELSEY, WILLIAM
Address: 13830 58TH ST N, STE 409
City-St-Zip: CLEARWATER, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TARA L. SCHWARTZ

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date