

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116975

FILED  
Mar 09, 2007  
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 ( )

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCHWARTZ, TARA L PRESIDE  
Address: 13830 58TH ST. N SUITE #409  
City-St-Zip: CLEARWATER, FL 33773

Title: VV (X) Change ( ) Addition  
Name: SNELLENBURG, KIRSTEN VICE PR  
Address: 13830 58TH ST N, STE 409  
City-St-Zip: CLEARWATER, FL 33773

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

03/09/2007

Electronic Signature of Signing Officer or Director

Date