## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000126713

OSPREY, FL 34229

City-St-Zip:

Entity Name: PHYSICAL THERAPY OPTIONS, INC.

FILED Jan 18, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1790 EAST VENICE AVENUE SUITE 102 VENICE, FL 34292 **New Mailing Address: Current Mailing Address:** 1790 EAST VENICE AVENUE PO BOX 330 SUITE 102 VENICE, FL 34292 US VENICE, FL 34292 FEI Number: 20-1588113 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: BETANCOURT, OCIEL E 1340 NEW FOREST LANE OSPREY, FL 34229 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BETANCOURT, OCIEL E Name: Name: 1340 NEW FOREST LANE Address: Address: City-St-Zip: OSPREY, FL 34229 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: TAMBLEY, HELBERTS C Name: 586 PINE RANCH EAST ROAD Address: Address:

City-St-Zip:

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: HELBERTS TAMBLEY VP 01/18/2008