


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90048 027 \*\*\*150.00

<b>DOCUMENT # P04000172954</b>		
1. Entity Name <b>PREMIER PHYSICAL THERAPY &amp; REHABILITATION, INC.</b>		

Principal Place of Business <b>3631 TURTLE RUN BLVD #723 CORAL SPRINGS, FL 33067-4235</b>	Mailing Address <b>3631 TURTLE RUN BLVD #723 CORAL SPRINGS, FL 33067-4235</b>
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**40005352**



2. Principal Place of Business - No P.O. Box # <b>3461 MERRICK LANE</b>	3. Mailing Address <b>3461 MERRICK LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01152007 Chg-P CR2E034 (12/06)


City & State <b>MARGATE FL</b>	City & State <b>MARGATE FL</b>
Zip <b>33063-8245</b>	Country <b>USA</b>
Zip <b>33063-8245</b>	Country <b>USA</b>

4. FEI Number <b>20-2080690</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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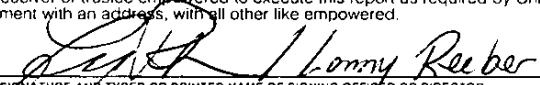
6. Name and Address of Current Registered Agent  <b>REEBER, LONNY 3631 TURTLE RUN BLVD #723 CORAL SPRINGS, FL 33067</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3461 MERRICK LANE</b> City <b>MARGATE</b> FL Zip Code <b>33063-8245</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>1/22/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REEBER, LONNY 3631 TURTLE RUN BLVD #723 CORAL SPRINGS, FL 330674235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3461 MERRICK LANE MARGATE FL 33063-8245</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: <b>1/22/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	