2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024595

City-St-Zip:

Entity Name: PINECREST PHYSICAL THERAPY INC.

FILED Apr 19, 2006 Secretary of State

	1201111101071211121171111	.		
Current Principal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
9541 S DIXIE HWY MIAMI, FL 33156		9563 S DIXIE HWY MIAMI, FL 33156		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
9541 S DIXIE HWY MIAMI, FL 33156		3500 CORAL WAY #604 MIAMI, FL 33145		
FEI Number: 20-2338627	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SANCHEZ-MEDINA, R 2333 PONCE DE LEOI CORAL GABLES, FL 3	N BLVD STE 302			
The above named entit in the State of Florida.	y submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	() Delete	Name: SANCHEZ-MI	() Change (X) Addition EDINA, ROLAND	

City-St-Zip: CORAL GABLES, FL 33134

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: RSM MR. 04/19/2006