

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053652

FILED  
Aug 12, 2006  
Secretary of State

**Entity Name:** ADVANCED PHYSICAL THERAPY SOLUTIONS, INC.

**Current Principal Place of Business:**

11814 MEADOW BRANCH DRIVE  
APT. 1217  
ORLANDO, FL 32825

**New Principal Place of Business:**

14 HILLSIDE DRIVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

11814 MEADOW BRANCH DRIVE  
APT. 1217  
ORLANDO, FL 32825

**New Mailing Address:**

14 HILLSIDE DRIVE  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 34-2044334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BITTING, ANGELA M  
11814 MEADOW BRANCH DRIVE  
APT. 1217  
ORLANDO, FL 32825 US

**Name and Address of New Registered Agent:**

BITTING, ANGELA M  
14 HILLSIDE DRIVE  
NEW SMYRNA BEACH, FL 32169 US

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:

08/12/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BITTING, ANGELA M  
Address: 11814 MEADOW BRANCH DRIVE APT. 1217  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BITTING, ANGELA M  
Address: 14 HILLSIDE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: ANGELA M. BITTING

P

08/12/2006

Electronic Signature of Signing Officer or Director

Date