2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2006 8:00 am Secretary of State

DOCUMENT # P05000083128 1. Entity Name ADVANCED SPORTS PHYSICAL THERAPY INC.					,	04-27-200	06 90196 010	***150.00
Principal Place of Business Mailing Address							_	
5850 PINE ISLAND ROAD		7121 SOUTH WEST	7121 SOUTH WEST 42ND PLACE			- 0 1	7530	
DAVIE, FL 33328		DAVIE, FL 33314	DAVIE, FL 33314		l	เยยู่ข	1100.	•
								El IAMAN II (SE)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04182006	Chg-P	CR2E034 (11/0	5)
City & State		City & State	City & State		4. FEI Numbe	97350	3	Applied For Not Applicable
Zip	Country	Zip	Country			of Status Desired		Additional stred
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered Agent	
NESS, GERALD J CPA			Name					
20900 WEST DIXIE HIGHWAY SUITE A				Street Address (P.O. Box Number is Not Acceptable)				
NORTH MIAMI BEACH, FL 33180								
•				City	FL Zip Code			
8. The above	named entity submits this statem	ent for the purpose of changing	Its register	d office or register	ed agent, or but	h, in the State of Fic	xida. I am tamiliar w	th, and accept
the obliga	ions of registered agent.							
SIGNATURE								
Signature, typind or princed name of ingestered agent and title if applicative. (INOTE: Registered Agent agregure required when reinresturg) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees			
			11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	DRS IN 11
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12. I hereby cartly that the information supplied with this filling does not quality 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: TRA FARBER 4-24-06 954-556-8633