

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085993

FILED  
Jul 18, 2006  
Secretary of State

**Entity Name:** PHYSICAL THERAPY GROUP SERVICES INC.

**Current Principal Place of Business:**

10300 SUNSET DRIVE  
SUITE 205  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SUNSET DRIVE  
SUITE 205  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 20-2998989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATISTA, JUAN O  
5423 SW 131 CT  
MIAMI, FL 33175 US

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

BATISTA, JUAN O  
10300 SUNSET DRIVE  
SUITE 205  
MIAMI, FL 33173 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: JUAN O BATISTA

07/18/2006

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: PD ( ) Delete  
Name: MOLINA, MARIO L  
Address: 10300 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete  
Name: BATISTA, JUAN O  
Address: 10300 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33173

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

Title: PD (X) Change ( ) Addition  
Name: MOLINA, MARIO L  
Address: 10300 SUNSET DRIVE SUITE 205  
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN O BATISTA

VP

07/18/2006

Electronic Signature of Signing Officer or Director

Date