FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000128238								FILED				
1. Entity Name BACK IN MOTION PHYSICAL THERAPY, INC.									2007 JAN			
Principal Plac				\dashv	٠	SECRE III T ALLAH ASSI	F. FÌ	HAIL OPIDA				
2109 SW 27 AVE				2109 SW 27 AVE						ONIDA E		
MIAMI, FL 33145				MIAMI, FL 33145					•		4.	
Principal Place of Business 3. Mailing Address												
•								1 1 4 2 01 201 W	BELDI EMILDENI GENI EDIN		9110 11000 11601 186	INNI IA IA DI
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04302006	Chg-P	CR2E	034 (11/05)	
City & State				City & State				4. FEI Number 26-3	3494948		 	plied For t Applicable
Žip 	Country			Zip	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	istered Agent		<u> </u>		7. Name and	Address of New Re	gistered					
OTANO, GILBERTO						Name Chart Address (P.O. Rev Number in Alex Assessable)						
2109 SW 27 AVE MIAMI, FL 33145					Street Abbit	Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	e	
The above named entity submits this statement for the purpose of changing its registered to a changing its registered.							gistere	d agent, or bot	th, in the State of Flor		-	and accept
the obligations of registered agent.												
SIGNATURE Signature, typed or privated name of registered agont and title if applicable. (NOTE: Registered Agent argreture required.)										DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											_	_
10.	· · · · · · · · · · · · · · · · · · ·	OFF	ICERS AND DIRE	CTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND) DIRECTORS	\$ IN 11
TITLE NAME	PD OTANO, 1	GILBERTO		☐ Delete	E Œ					☐ Change	Addition	
STREET ADDRESS	2109 SW	27 AVE			EET ADORESS							
CITY-SI-ZIP	MIAMI, FI	33145		☐ Delete	TITL	r-ST-ZIP					C) Channe	☐ Addition
NAME	}			NAM		E		- 60 0171	000847 7/0701014	35	826	
STREET ADORESS CITY-ST-ZIP			••		- 1	EET ADORESS (-SI-ZIP		U1711	/U U U 4	uur	**150	.00
TITLE NAME	<u>}</u> [☐ Delete	TITE.						Change	Addition
STREET ADORESS CITY-ST-ZIP					STR	EET ADDRESS ST-ZIP						
TITLE			7.17	☐ Delete	TIL.						☐ Change	Addition
NAME Street Address City-St-Zip						EET ADDRESS 7-ST-ZIP						
TITLE				☐ Delete	III	E					Change	Addition
NAME STREET ADDRESS	NA STI					EET ADORESS						[
CITY-ST-ZIP	<u> </u>			1	CITY	-ST-ZIP			·		. <u>-, </u>	
TITLE Name	TO TO TO THE					E #E					Change	Addition
STREET ADDRESS Caty-St-Zep												
12. I hereby o	certify that th	e information s	upplied with this	filing does not qualify for	or the exc	emptions conta	ained i	n Chapter 119	, Florida Statutes. I I	urther cer	tify that the in	formation
indicated on this report of 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 on the receiver of trusted 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 affactment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNANG OFFICER OF DRESCIOR												