Apr 24 2007 2:09AM Julio Molina P.A

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/27/2007-90210-041-$150.00-$150.00

07 JUN -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000080510

1. Entity Name
PHYSICIANS CHOICE PHYSICAL THERAPY CENTER, INC

Principal Place of Business	Mailing Address
1300 N SEMORAN BLVD. SUITE 120 ORLANDO, FL 32807	1300 N SEMORAN BLVD. SUITE 120 ORLANDO, FL 32807

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-3937246 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUIROGA, GINA ~~1276 N SEMORAN BLVD~~ 1300 N. Semoran Blvd Ste. 120 ORLANDO, FL 32807	Name: Fabian Loaiza Street Address (P.O. Box Number is Not Acceptable) 1300 N. Semoran Blvd. Ste. 120 City: Orlando FL Zip Code: 32807

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	11. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P QUIROGA, GINA 1300 N SEMORAN BLVD. ORLANDO, FL 32807 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CESPEDES, NELSON 1300 N SEMORAN BLVD. ORLANDO, FL 32807 ☒ Delete	☐ Change ☒ Addition VP Fabian Loaiza 1300 N Semoran Blvd. Ste. 120 Orlando FL 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition MM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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: X _____ 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #