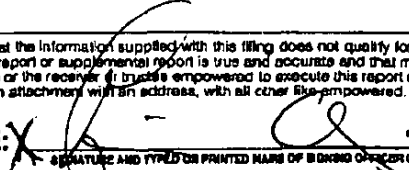


Apr 24 2007 2:09AM Julio Molina P.R

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # P06000080510			
1. Entity Name PHYSICIANS CHOICE PHYSICAL THERAPY CENTER, INC			
Principal Place of Business 1300 N SEMORAN BLVD. SUITE 120 ORLANDO, FL 32807		Mailing Address 1300 N SEMORAN BLVD. SUITE 120 ORLANDO, FL 32807	
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	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIROGA, GINA 1276 N SEMORAN BLVD ORLANDO, FL 32807		7. Name and Address of New Registered Agent Fabian Loaiza 1300 N. Semoran Blvd. Ste. 120 Orlando FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent is required when re-registering) DATE _____			
4 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. 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP CESPEDES, NELSON 1300 N SEMORAN BLVD. ORLANDO, FL 32807		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Fabian Loaiza 1300 N Semoran Blvd. Ste. 120 Orlando FL 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 4-24-07 Daytime Phone #	