

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083145

FILED
Jun 23, 2007
Secretary of State

Entity Name: BLESSED HANDS PHYSICAL THERAPY, INC.

Current Principal Place of Business:

360 NE 163 STREET
NORTH MIAMI BEACH, FL 333162

New Principal Place of Business:

Current Mailing Address:

360 NE 163 STREET
NORTH MIAMI BEACH, FL 333162

New Mailing Address:

FEI Number: 20-5058841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYUNGBE, ALBERT
2967 SW 161 AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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:

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: P () Delete
Name: AZINORD, JEAN Y
Address: 360 NE 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP () Delete
Name: BOZIL, EUNICE
Address: 10930 NW 14 AVENUE, APT A44
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEAN Y. AZINORD

P

06/23/2007

Electronic Signature of Signing Officer or Director

Date