2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093082

Entity Name: VIVACITY PHYSICAL THERAPY, INC

FILED Mar 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5325 PAYLOR LANE 6257 LAKE OSPREY DRIVE SUITE 100 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

5325 PAYLOR LANE
SUITE 100
SARASOTA, FL 34240
SARASOTA, FL 34240

FEI Number: 20-5068387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CASTLEBERRY, MARTHA L
5325 PAYLOR LANE
SUITE 100
SARASOTA, FL 34240 US

CASTLEBERRY, MARTHA L
6257 LAKE OSPREY DRIVE
SARASOTA, FL 34240 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: MARTHA CASTLEBERRY 03/09/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: (X) Change () Addition () Delete Title: CASTLEBERRY, MARTHA L CASTLEBERRY, MARTHA L Name: Name: 20 MARIETTA STREET NW, UNIT 4-D Address: 6257 LAKE OSPREY DRIVE Address: City-St-Zip: ATLANTA, GA 30303 City-St-Zip: SARASOTA, FL 34240

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: MARTHA CASTLEBERRY PRES 03/09/2008