2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P07000106933

Entity Name: ALIGNMENT PHYSICAL THERAPY INC

Current Principal Place of Business:

1920 EAST HALLANDALE BEACH BLVD
700
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1920 EAST HALLANDALE BEACH BLVD
700
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 26-1133290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, ARLENE
2120 NE 206 STREET
NORTH MIAMI BEACH, FL 33179 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUSNIR, EDITH
Address: 160 NW 72 AVE
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete
Name: GOMEZ, ARLENE
Address: 2120 NE 206 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ARLENE GOMEZ VP 01/30/2009

Electronic Signature of Signing Officer or Director Date