2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# P08000039258

Entity Name: MIAMI PHYSICAL THERAPY STAFFING, CORP.

Current Principal Place of Business:

5209 NW 74TH AVE, SUITE 101
MIAMI, FL 33166

New Principal Place of Business:

2016 BAY DRIVE PH #905
MIAMI BEACH, FL 33141

Current Mailing Address:

5209 NW 74TH AVE, SUITE 101
MIAMI, FL 33166

New Mailing Address:

2016 BAY DRIVE PH #905
MIAMI BEACH, FL 33141

FEI Number: 26-2604028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRALLES-BLANCA, MARILYN
2016 BAY DRIVE PH #905
MIAMI BEACH, FL 33141 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: V ( ) Delete
Name: MIRALLES-BLANCA, MARILYN
Address: 5209 NW 74TH AVE, SUITE 101
City-St-Zip: MIAMI, FL 33166

Title: P ( ) Delete
Name: GONZALEZ-CABALLERO, PEDRO
Address: 5209 NW 74TH AVE, SUITE 101
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: MIRALLES-BLANCA, MARILYN
Address: 2016 BAY DRIVE PH #905
City-St-Zip: MIAMI BEACH, FL 33141

Title: P (X) Change ( ) Addition
Name: GONZALEZ-CABALLERO, PEDRO
Address: 2016 BAY DRIVE PH #905
City-St-Zip: MIAMI BEACH, FL 33141

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: PEDRO GONZALEZ-CABALLERO P 05/06/2009

Electronic Signature of Signing Officer or Director — Date