

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040260

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** ARCHER PHYSICAL THERAPY & PILATES INSTITUTE, INC.

**Current Principal Place of Business:**

19300 WEST DIXIE HIGHWAY, STE 5  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19300 WEST DIXIE HIGHWAY, STE 5  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

**FEI Number:** 26-2477353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANDER, ALAN CPA  
4801 S UNIVERSITY DRIVE  
SUITE 3100  
DAVIE, FL 33328 US

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

STANDER, ALAN CPA  
6601 NW 14TH STREET  
SUITE 3  
PLANTATION, FL 33313 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:

03/18/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIMAN-TOV, KERRY  
Address: 5208 MADISON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: SOLARES, EMILIO  
Address: 1980 S OCEAN DRIVE APT 9C  
City-St-Zip: HALLANDALE BCH, FL 33009

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

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

Title: D (X) Change ( ) Addition  
Name: SOLARES, EMILIO  
Address: 5208 MADISON STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: KERRY SIMAN-TOV

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03/18/2009

Electronic Signature of Signing Officer or Director

Date