2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# P08000067139

Entity Name: HAMM'S PHYSICAL THERAPY SERVICES, INC.

Current Principal Place of Business:

33207 WINDY OAK STREET
(P.O. BOX 1002)
SORRENTO, FL 32777

New Principal Place of Business:

33207 WINDY OAK STREET
SORRENTO, FL 32776

Current Mailing Address:

33207 WINDY OAK STREET
(P.O. BOX 1002)
SORRENTO, FL 32777

New Mailing Address:

33207 WINDY OAK STREET
SORRENTO, FL 32776

FEI Number: 26-3001889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMM, J. MARK
33207 WINDY OAK STREET
SORRENTO, FL 32777 US

Name and Address of New Registered Agent:

HAMM, J. MARK
33207 WINDY OAK STREET
SORRENTO, FL 32776 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: J. MARK HAMM 03/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAMM, J.MARK
Address: P.O. BOX 1002
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete
Name: HAMM, ALISON GILES
Address: P.O. BOX 1002
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HAMM, J.MARK
Address: 33207 WINDY OAK ST
City-St-Zip: SORRENTO, FL 32776

Title: D (X) Change ( ) Addition
Name: HAMM, ALISON GILES
Address: 33207 WINDY OAK ST
City-St-Zip: SORRENTO, FL 32776

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: J. MARK HAMM PRES 03/28/2009
Electronic Signature of Signing Officer or Director Date