

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004042

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** ALLIED PHYSIOTHERAPY AND NUTRITION INC.

**Current Principal Place of Business:**

789 SAINT ALBANS DRIVE  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

789 SAINT ALBANS DRIVE  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 26-4062511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCLAIN, JOHN P  
789 SAINT ALBANS DRIVE  
BOCA RATON, FL 33486 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  
Name: MCCLAIN, JOHN P  
Address: 789 SAINT ALBANS DRIVE  
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP  
Name: MCCLAIN, LAURIE A  
Address: 789 SAINT ALBANS DRIVE  
City-St-Zip: BOCA RATON, FL 33486 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN P. MCCLAIN

PRES

02/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date