2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

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Entity Name: BONITA SPRINGS SPORTS AND PHYSICAL THERAPY CENTER, INC.

Current Principal Place of Business:

26201 S TAMIAMI TRL
STE 1
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

26201 S TAMIAMI TRL
STE 1
BONITA SPGS, FL 34134 US

New Mailing Address:

26201 S TAMIAMI TRL
STE 1
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0500595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLASSEN, CHARLES L
26201 S TAMIAMI TRL
STE 1
BONITA SPRINGS, FL 34134 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: D
Name: KLASSEN, CHARLES L
Address: 207 SAN MATEO DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: KLASSEN, SANDRA L
Address: 207 SAN MATEO DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: DIORIO, DOMINIC JR
Address: 26406 CLARKSTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: CHARLES L KLASSEN V/P 02/22/2010

Electronic Signature of Signing Officer or Director Date