2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050378

Entity Name: BURKE COLLINS THERAPY, INC.

FILED Feb 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

102 SOUTH FRANKLINS ST. TAMPA, FL 33602 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3147 TAMPA, FL 336013147 US

FEI Number: 59-3396831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COLLINS, BURKE
P.O. BOX 3147
TAMPA, FL 336013147 US

BACK TO WORK PHYSICAL THERAPY
102 S. FRANKLIN STREET
TAMPA, FL 336013147 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: BURKE COLLINS 02/25/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: COLLINS, CARLETON B Name: COLLINS, CARLETON B

 Address:
 P.O. BOX 3147
 Address:
 PO BOX 3147

 City-St-Zip:
 TAMPA, FL 336013147
 City-St-Zip:
 TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the 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: BURKE COLLINS MR 02/25/2007