FILED
Jul 10, 2007 8:00 am
Secretary of State
07-10-2007 90006 027 ***550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000065464

1. Entity Name
A & P PHYSICAL THERAPY AND REHAB, INC.

Principal Place of Business	Mailing Address
1740 PINE BAY DR. LAKE MARY, FL 32746	P.O BOX 953397 LAKE MARY, FL 32795

06272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 2030 DOYLE RD		3. Mailing Address 2030 DOYLE RD	
Suite, Apt. #, etc. DELTONA		Suite, Apt. #, etc.	
City & State		City & State DELTONA	
Zip 32738	Country VOLUSIA	Zip 32738	Country VOLUSIA

4. FEI Number 59-3463048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIDULO, PETER V III 1740 PINE BAY DR. LAKE MARY, FL 32746	Name DIDULO, PETER, V III Street Address (P.O. Box Number is Not Acceptable) 2030 DOYLE RD DELTONA City FL Zip Code 32738

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] RPT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIDULO, PETER V. III 1740 PINE BAY DR. LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIDULO, PETER V. III 2030 DOYLE RD DELTONA, FL 32738	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIDULO, ARACELI 1740 PINE BAY DR LAKE MARY, FL 32746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] RPT 386-717-5610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #