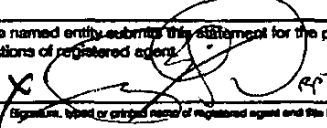
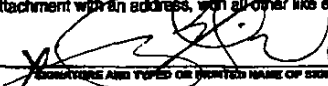


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 027 ***550.00

DOCUMENT # P97000065464					
1. Entity Name A & P PHYSICAL THERAPY AND REHAB, INC.					
Principal Place of Business 1740 PINE BAY DR. LAKE MARY, FL 32746			Mailing Address P.O BOX 953397 LAKE MARY, FL 32795		
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 DELTONA			City & State DELTONA		
Zip 32738	Country VOLUSIA	Zip 32738	Country VOLUSIA	4. FEI Number 68-3463048	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DIDULO, PETER V III 1740 PINE BAY DR. LAKE MARY, FL 32746			7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reappointing) 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  386-717-5610					