


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 010 ***150.00

DOCUMENT # P98000004457

1. Entity Name
SUN TREE'S PHYSICAL THERAPY AND MASSAGE CLINIC INC.



Principal Place of Business
**6550 N. WICKHAM RD.
 SUITE 8
 MELBOURNE, FL 32940**

Mailing Address
**6550 N. WICKHAM RD.
 SUITE 8
 MELBOURNE, FL 32940**

00020401



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490894

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHOBER, CAROL C
6550 N. WICKHAM RD.
STE. 8
MELBOURNE, FL 32940

967 Osprey Drive

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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 *Carol Schober* *08/14/06*

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

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOBER, CAROL C 6550 N. WICKHAM RD., STE. 8 MELBOURNE, FL 32940
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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: *Carol Schober* *08/14/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #