

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004457

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

6550 N. WICKHAM RD.
SUITE 8
MELBOURNE, FL 32940

New Principal Place of Business:

967 OSPREY DRIVE
MELBOURNE, FL 32940

Current Mailing Address:

6550 N. WICKHAM RD.
SUITE 8
MELBOURNE, FL 32940

New Mailing Address:

967 OSPREY DRIVE
MELBOURNE, FL 32940

FEI Number: 59-3490894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHOBER, CAROL C
967 OSPREY DRIVE
MELBOURNE, FL 32940 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: CAROL C SCHOBER

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHOBER, CAROL C
Address: 6550 N. WICKHAM RD., STE. 8
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHOBER, CAROL C
Address: 967 OSPREY DRIVE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify 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: CAROL C SCHOBER

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date