FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90450 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000076911

1. Entity Name
PHYSICAL THERAPY CONSULTANTS, INC.

4009111

04202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
14048 KANE RD. SPRING HILL, FL 34609	14048 KANE RD. SPRING HILL, FL 34609
2. Principal Place of Business - No P.O. Box #: 19387 HIDDEN OAKS DR	3. Mailing Address: 19387 HIDDEN OAKS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE FL	City & State: BROOKSVILLE FL
Zip: 34604 Country: USA	Zip: 34604 Country: USA

4. FEI Number: 59-3536555 ☐ 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
DONLEY, CHARLES C 14048 KANE RD SPRING HILL, FL 34609	Name: Street Address (P.O. Box Number is Not Acceptable): 19387 HIDDEN OAKS DR City: BROOKSVILLE FL Zip Code: 34604

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 ______________________________ DATE
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
After May 1, 2007 Fee will be $550.00

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	D DONLEY, CHARLES ~~14048 KANE RD.~~ ~~SPRING HILL, FL 34654~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 19387 HIDDEN OAKS DR. BROOKSVILLE, FL 34604
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONLEY, CHRISTINE ~~14048 KANE RD.~~ ~~SPRING HILL, FL 34654~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 19387 HIDDEN OAKS DR BROOKSVILLE, FL 34604
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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:** [signature] 4/26/07 352-396-7085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #