2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008858

FILED Apr 30, 2009 Secretary of State

Entity Name: PRECISION PHYSICAL THERAPY, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
24945 US H CLEARWA	1WY 19N TER, FL 33763	3			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
24945 US F CLEARWA	HWY 19N TER, FL 33763	3			
FEI Number:	59-3554275	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WOLSTEIN, KAREN J 24945 US HIGHWAY 19 N CLEARWATER, FL 33763 US			WOLSTEIN, BRIAN G 24945 US HIGHWAY 1 CLEARWATER, FL 33		
The above in the State		ıbmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: BRIAN G WOLSTEIN				04/30/2009	
	Electronic	Signature of Registered Ager	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [WOLSTEIN, BRIA 24945 US HWY CLEARWATER, I	19 N	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E WOLSTEIN, KAR 24945 US HIGHV CLEARWATER, I	VAY 19 N	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: BRIAN G WOLSTEIN 04/30/2009 D