

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066460

FILED
Feb 02, 2007
Secretary of State

Entity Name: BACK IN FORM PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1285-36TH ST.
SUITE 102
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1285-36TH ST.
SUITE 102
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-0938578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUSER, JAMES A ESQ
3191 CORAL WAY, SUITE 405
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HAUSER, JAMES A ESQ
3191 CORAL WAY, SUITE 626
MIAMI, FL 33145 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:

02/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAUSER, MICHAEL F
Address: 1285 36TH STREET, #102
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: HAUSER, SHANNON
Address: 1285 36TH STREET, #102
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL F. HAUSER

PRES

02/02/2007

Electronic Signature of Signing Officer or Director

Date