2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# V37651

Entity Name: FARESE PHYSICAL THERAPY CENTER, INC.

Current Principal Place of Business:

735 ARLINGTON AVE. N.
SUITE 109
ST. PETERSBURG, FL 33701

New Principal Place of Business:

735 ARLINGTON AVE. N.
SUITE 103
ST. PETERSBURG, FL 33701

Current Mailing Address:

735 ARLINGTON AVE. N.
SUITE 109
ST.PETERSBURG, FL 33701

New Mailing Address:

735 ARLINGTON AVE. N.
SUITE 103
ST.PETERSBURG, FL 33701

FEI Number: 59-3123183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARESE, JOHN G PRES.
735 ARLINGTON AVE. N.
SUITE 109
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

FARESE, JOHN G PRES.
735 ARLINGTON AVE. N.
SUITE 103
ST. PETERSBURG, FL 33701 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: _____ 07/08/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FARESE, JOHN,
Address: 735 ARLINGTON AVE. N.
City-St-Zip: ST.PETERSBURG, FL 33701

Title: DVS ( ) Delete
Name: FARESE, PATRICIA L.,
Address: 735 ARLINGTON AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33701

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 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: JOHN FARESE PRES 07/08/2008
Electronic Signature of Signing Officer or Director — Date