2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# V55089

Entity Name: ADVANCED PHYSICAL THERAPY, INC.

Current Principal Place of Business:

6050 BABCOCK STREET
SUITE 5
PALM BAY, FL 32909 US

New Principal Place of Business:

Current Mailing Address:

6050 BABCOCK STREET
SUITE 5
PALM BAY, FL 32909 US

New Mailing Address:

FEI Number: 59-3135926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANEY, GLEN E.
202 N HARBOR CITY BLVD
STE 300
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: WILLS, BRUCE R.,
Address: 972 WHISPEROAK DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: PST ( ) Delete
Name: HAKKILA, CAROL J.,
Address: 3901 DIXIE HWY NE #204
City-St-Zip: PALM BAY, FL 32905

Title: VP ( ) Delete
Name: HAKKILA, EDWARD F.,
Address: 3901 DIXIE HWY NE #204
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: HAKKILA-WILLS, JEANNE M
Address: 972 WHISPEROAK DR
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAROL J. HAKKILA PST 04/17/2007

Electronic Signature of Signing Officer or Director Date