

FILED EFFECTIVE

2005 JAN -3 11:09:14

STATE OF CALIFORNIA

File Number: C156602

STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS

(see reverse for instructions)

The entity identified below submits to the Secretary of State the following statement for the purpose of changing its business mailing address.

1. The name of the business entity is: PHYSICAL THERAPY & SPORTS MEDICINE INSTITUTE INC

2. The business mailing address is currently on file as:
4408 TWIN PEAKS CT CHINO HILLS CA 91709

3. The business mailing address is to be changed to:
PO BOX 609 HAYDEN ID 83835

4. Change of address is effective: ☒ Upon Receipt **OR** ☐ (Date)

Signed: 

Printed Name: MICHAEL WHITING

Capacity: PRESIDENT

Dated: 12/23/04