2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N21650

Entity Name: SECTION ON HEALTH POLICY & ADMINISTRATION OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

98 LACOTA DR
MISSOULA, MT 59803

New Principal Place of Business:

Current Mailing Address:

PO BOX 4553
MISSOULA, MT 598064553

New Mailing Address:

FEI Number: 34-1179218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASIN, HELEN L PT PHD
2791 SW 23RD AVENUE
COCONUT GROVE, FL 331333142 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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BEREZNY PT, LINDA
Address: 8037 CALLE PINON
City-St-Zip: CARLSBAD, CA 920096969

Title: VPD ( ) Delete
Name: PHILLIPS PT, ANGELA M
Address: 407 SOUTH SHORE DRIVE
City-St-Zip: AMARILLO, TX 791188014

Title: PD ( ) Delete
Name: GAWENDA, RICK
Address: 7913 CREEK BEND DR
City-St-Zip: YPSILANTI, MI 481976204

Title: TD ( ) Delete
Name: SPILLANE, DENNIS
Address: 5136 MT ARARAT DR
City-St-Zip: SAN DIEGO, CA 921113846

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: SCOTT PT, CYNTHIA
Address: 2500 N STATE ST
City-St-Zip: JACKSON, MS 39216

Title: VPD (X) Change ( ) Addition
Name: BLOOM PT, CAROLYN
Address: 1045 SW GAGE BLVD
City-St-Zip: TOPEKA, KS 66604

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

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

Title: ED ( ) Change (X) Addition
Name: CHILDERS, ROBIN L
Address: PO BOX 4553
City-St-Zip: MISSOULA, MT 59806

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN L. CHILDERS ED 02/05/2009

Electronic Signature of Signing Officer or Director — Date