2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
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 59806 45

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
Name: WOOD, KERRY
Address: 145 BIRCHWOOD DR
City-St-Zip: COLCHESTER, VT 05446-625

Title: VPD
Name: BROWN, SUZANNE
Address: 238 BAILEY ISLAND DR
City-St-Zip: HENDERSON, NV 89074-808

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

Title: TD
Name: LUEDTKE-HOFFMANN, KATHLEEN
Address: 2722 WOODS LN
City-St-Zip: GARLAND, TX 75044

Title: ED
Name: CHILDERS, ROBIN L
Address: PO BOX 4553
City-St-Zip: MISSOULA, MT 59806

I hereby 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 all other like empowered.

SIGNATURE: ROBIN L. CHILDERS ED 01/09/2012

Electronic Signature of Signing Officer or Director Date