2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90238 050 ***150.00

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03102006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000088920

1. Entity Name
PHYSICAL THERAPY AMERICA, INC.

Principal Place of Business	Mailing Address
500 NEW YORK AVENUE UNIT 11 DUNEDIN, FL 34698 US	500 NEW YORK AVENUE UNIT 11 DUNEDIN, FL 34698 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4465850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, DIANE N
10750 A ENDEAVOR WAY
LARGO, FL 33777

7. Name and Address of New Registered Agent

Name PUGNI, FRANK
Street Address (P.O. Box Number is Not Acceptable) 500 NEW YORK AVE # 11
City DUNEDIN FL Zip Code 34698

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] FRANK PUGNI 3/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGNI, FRANK 500 NEW YORK AVENUE, UNIT 11 DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. FRANK PUGNI Date Daytime Phone #