## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000152035

9750 SW 98 AVENUE

GAINESVILLE, FL 32608

Address:

City-St-Zip:

Entity Name: KINETIX PHYSICAL THERAPY, P.A.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2783 SW 87TH DRIVE SUITE, 102 GAINESVILLE, FL 32608 **New Mailing Address: Current Mailing Address:** 2783 SW 87TH DRIVE SUITE, 102 GAINESVILLE, FL 32608 FEI Number: 41-2223236 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CERE, ANTHONY L 9750 ŚW 98 AVENUE GAINESVILLE, FL 32608 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CERE, ANTHONY L Name: Name: 9750 SW 98 AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CERE. MELISSA R Name:

Address:

City-St-Zip:

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

SIGNATURE: ANTHONY L. CERE PRES 04/16/2009