

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044854

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: PHYSICAL THERAPY ON DEMAND, INC.

**Current Principal Place of Business:**

300 SANTAREM CIRCLE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

24630 SANDHILL BLVD.  
UNIT 303  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

300 SANTAREM CIRCLE  
PUNTA GORDA, FL 33983

**New Mailing Address:**

24630 SANDHILL BLVD.  
UNIT 303  
PUNTA GORDA, FL 33983

FEI Number: 20-8792338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOBIA, PHILIP G  
300 SANTAREM CIRCLE  
PUNTA GORDA, FL 33983 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOBIA, PHILIP G  
Address: 300 SANTAREM CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: STD ( ) Delete  
Name: TOBIA, SHANNON L  
Address: 300 SANTAREM CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
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: SHANNON L. TOBIA

STD

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date