

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000044854

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** PHYSICAL THERAPY ON DEMAND, INC.

**Current Principal Place of Business:**

24630 SANDHILL BLVD.  
UNIT 303  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

24630 SANDHILL BLVD.  
UNIT 303  
PUNTA GORDA, FL 33983

**New Mailing Address:**

**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  
**Name:** TOBIA, PHILIP G  
**Address:** 300 SANTAREM CIRCLE  
**City-St-Zip:** PUNTA GORDA, FL 33983

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

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

SIGNATURE: SHANNON L. TOBIA

STD

01/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date