

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000054019

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: ANNA STEPHENS PHYSICAL THERAPY INC

## Current Principal Place of Business:

4517 S HALE AVE  
TAMPA, FL 33611

## New Principal Place of Business:

4517 S HALE AVE  
TAMPA  
TAMPA, FL 33611

## Current Mailing Address:

4517 S HALE AVE  
TAMPA, FL 33611

## New Mailing Address:

4517 S HALE AVE  
TAMPA  
TAMPA, FL 33611

FEI Number: 27-2939724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEPHENS, ANNA  
4517 S HALE AVE  
TAMPA, FL 33611 US

## Name and Address of New Registered Agent:

STEPHENS, ANNA  
4517 S HALE AVE  
TAMPA  
TAMPA, FL 33611 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: ANNA STEPHENS, PT

04/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: STEPHENS, ANNA  
Address: 4517 S HALE AVE  
City-St-Zip: TAMPA, FL 33611

Title: P  
Name: STEPHENS, ANNA  
Address: 4517 S HALE AVE  
City-St-Zip: TAMPA, FL 33611

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City-St-Zip: TAMPA, FL 33611

Title: P  
Name: STEPHENS, ANNA  
Address: 4517 S HALE AVE  
City-St-Zip: TAMPA, FL 33611

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: ANNA STEPHENS, PT

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date