

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035659

FILED
Mar 24, 2009
Secretary of State

Entity Name: SUNCARE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

5803 NW 151 ST.
SUITE 101
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

3995 SW 139 AVE.
DAVIE, FL 33330

New Mailing Address:

5803 NW 151 ST.
SUITE 101
MIAMI LAKES, FL 33014

FEI Number: 65-0662258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINE, RENFORD
3995 SW 139 AVE
DAVIE, FL 33330 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: PDT () Delete
Name: ARRIETTA, ASTRID
Address: 3995 SW 139 AVE
City-St-Zip: DAVIE, FL 33330

Title: VDS () Delete
Name: VALENTINE, RENFORD
Address: 3995 SW 139 AVE
City-St-Zip: DAVIE, FL 33330

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: RENFORD VALENTINE

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date