

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 09, 2011
Secretary of State

Entity Name: PHYSICAL THERAPY ASSOCIATES OF ORANGE PARK, P.A.

Current Principal Place of Business:

1550 BUSINESS CENTER DR., STE. B
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

1550 BUSINESS CENTER DR., STE. B
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 59-3608689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLIER, EDWARD N
2130 SALT MYRTLE LN.
ORANGE PARK, FL 32003 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: COLLIER, ARTHUR J
Address: 4837 KING RICHARD RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: DIR
Name: COLLIER, EDWARD N
Address: 2130 SALT MYRTLE LN.
City-St-Zip: ORANGE PARK, FL 32003

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: EDWARD N. COLLIER

DIR

02/09/2011

Electronic Signature of Signing Officer or Director

Date