

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21650

Entity Name: SECTION ON HEALTH POLICY & ADMINISTRATION OF THE
AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.**FILED**
Feb 03, 2021
Secretary of State
8746813525CC**Current Principal Place of Business:**2400 ARDMORE BLVD.
SUITE 302
PITTSBURGH, PA 15221**Current Mailing Address:**2400 ARDMORE BLVD.
SUITE 302
PITTSBURGH, PA 15221 US**FEI Number: 34-1179218****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JUAN, BROOKE C
QUINTAIROS, PRIETO, WOOD & BOYER, P.A.
4905 WEST LAUREL ST. SUITE 200
TAMPA, FL 33607 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: BROOKE CHASTAIN JUAN****02/03/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MESIBOV, MATTHEW
Address	2400 ARDMORE BLVD. SUITE 302
City-State-Zip:	PITTSBURGH PA 15221

Title	TREASURER
Name	PEARLMUTTER, LORI
Address	2400 ARDMORE BLVD. SUITE 302
City-State-Zip:	PITTSBURGH PA 15221

Title	SECRETARY
Name	BITTEL, JEREMY
Address	100 LODER STREET SUITE 105
City-State-Zip:	HORNELL NY 14843-1957

Title	EXECUTIVE DIRECTOR
Name	MAHER, KATHRYN
Address	2400 ARDMORE BLVD. SUITE 302
City-State-Zip:	PITTSBURGH PA 15221

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

SIGNATURE: KATHRYN MAHER**EXECUTIVE DIRECTOR****02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date