2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2013
Secretary of State
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Entity Name: SECTION ON HEALTH POLICY & ADMINISTRATION OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

98 LACOTA DR
MISSOULA, MT 59803

Current Mailing Address:

PO BOX 4553
MISSOULA, MT 59806 45

FEI Number: 34-1179218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASIN, HELEN LPT PHD
2791 KIRK ST.
COCONUT GROVE, FL 33133-3171 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	S
Name	WOOD, KERRY
Address	145 BIRCHWOOD DR
City-State-Zip:	COLCHESTER VT 05446

Title	VPD
Name	BROWN, SUZANNE
Address	238 BAILEY ISLAND DR
City-State-Zip:	HENDERSON NV 89074

Title	PD
Name	GORMAN, IRA
Address	254 MARY BETH RD
City-State-Zip:	EVERGREEN CO 80439-4312

Title	TD
Name	GUNALDO, TINA
Address	114 WILLOW DR
City-State-Zip:	COVINGTON LA 70433-4922

Title	ED
Name	CHILDERS, ROBIN L
Address	PO BOX 4553
City-State-Zip:	MISSOULA MT 59806

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: ROBIN L CHILDERS — EXECUTIVE DIRECTOR — 02/07/2013

Electronic Signature of Signing Officer/Director Detail — Date