**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 23, 2014**
**Secretary of State**
**CC6344532932**

DOCUMENT# N21650

**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:** Yes

**Name and Address of Current Registered Agent:**

PYLES, ROBERT W
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: ROBERT W. PYLES 01/23/2014

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 01/23/2014

Electronic Signature of Signing Officer/Director Detail — Date