

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000024002

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC1830668180**

**Entity Name:** FIRST OPTION PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

200 CAPRI ISLES BLVD  
SUITE 1-C  
VENICE, FL 34292

**Current Mailing Address:**

586 PINE RANCH E RD  
OSPREY, FL 34229 US

**FEI Number: 54-2101047**

**Certificate of Status Desired: No**

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

TAMBLEY, HELBERTS  
586 PINE RANCH E RD  
OSPREY, FL 34229 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	PTD	Title	S
Name	TAMBLEY, HELBERTS	Name	TAMBLEY, MARGARITA
Address	586 PINE RANCH E RD	Address	586 PINE RANCH E RD
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229

*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: HELBERTS TAMBLEY**

**PRESIDENT**

**01/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date