

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000110086

**Entity Name:** JAN SALGE'S BETTER BODIES PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

197 BOUGAINVILLEA DRIVE,  
SUITE C  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

197 BOUGAINVILLEA DRIVE,  
SUITE C  
ROCKLEDGE, FL 32955 US

**FEI Number:** 54-2128079

**Certificate of Status Desired:** No

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

SALGE, MARIBETH SP  
197 BOUGAINVILLEA DR  
SUITE C  
ROCKLEDGE, FL 32955 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           | P                    | Title           | VP                   |
| Name            | SALGE, MARIBETH S    | Name            | SALGE, JAN H         |
| Address         | 322 WOODS LAKE DRIVE | Address         | 322 WOODS LAKE DRIVE |
| City-State-Zip: | COCOA FL 32926       | City-State-Zip: | COCOA FL 32926       |

*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:** MARIBETH SALGE

**PRESIDENT**

**03/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date