

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000044854

**Entity Name:** PHYSICAL THERAPY ON DEMAND, INC.

**Current Principal Place of Business:**

24123 PEACHLAND BLVD  
UNIT C-4454  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

4665 SUNDANCE CIR  
CUMMING, GA 30028 US

**FEI Number:** 20-8792338

**Certificate of Status Desired:** No

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

TOBIA, PHILIP G  
24123 PEACHLAND BLVD  
UNIT C-4454  
PORT CHARLOTTE, FL 33954 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 PD  
Name TOBIA, PHILIP G  
Address 4665 SUNDANCE CIR  
City-State-Zip: CUMMING GA 30028

Title STD  
Name TOBIA, SHANNON L  
Address 4665 SUNDANCE CIR  
City-State-Zip: CUMMING GA 30028

*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:** SHANNON TOBIA

**OFFICE MANAGER**

**02/13/2017**

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

\_\_\_\_\_  
Date