2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2015
Secretary of State
CC5878573961

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Entity Name: DOCTORS CHOICE PHYSICAL THERAPY, P.A.

Current Principal Place of Business:

13823 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

13823 TAMIAMI TRAIL
NORTH PORT, FL 34287

FEI Number: 26-1250682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETANCOURT, OCIEL E
13823 TAMIAMI TRAIL
NORTH PORT, FL 34287 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	MR
Name	BETANCOURT, OCIEL E
Address	13823 TAMIAMI TRAIL
City-State-Zip:	NORTH PORT FL 34287

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: OCIEL BETANCOURT OWNER 04/22/2015

Electronic Signature of Signing Officer/Director Detail — Date