

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031425

**Entity Name:** S&P PHYSICAL THERAPY CORP

**Current Principal Place of Business:**

15695 NW 5 ST  
PEMBROKE PINE, FL 33028

**Current Mailing Address:**

15695 NW 5 ST  
PEMBROKE PINE, FL 33028

**FEI Number:** 27-2319414

**Certificate of Status Desired:** No

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

GUIMARES ACCOUNTING SERVICES CORP  
15461 SW 137 CT  
MIAMI, FL 33177 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	CHARLES, SOLANGE	Name	GONZALEZ, PABLO A
Address	15695 NW 5 ST	Address	15695 NW 5ST
City-State-Zip:	PEMBROKE PINE FL 33028	City-State-Zip:	PEMBROKE PINE FL 33028

*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:** SOLANGE V CHARLES

P

04/20/2014

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

\_\_\_\_\_  
Date