

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000054019

**FILED
Apr 12, 2013
Secretary of State
CC8626896119**

Entity Name: ANNA STEPHENS PHYSICAL THERAPY INC

Current Principal Place of Business:

4517 S HALE AVE
TAMPA
TAMPA, FL 33611

Current Mailing Address:

4517 S HALE AVE
TAMPA
TAMPA, FL 33611

FEI Number: 27-2939724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHENS, ANNA
4517 S HALE AVE
TAMPA
TAMPA, FL 33611 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 PRES
Name STEPHENS, ANNA
Address 4517 S HALE AVE
City-State-Zip: TAMPA FL 33611

Title P
Name STEPHENS A, NNA
Address 4517 S HALE AVE
City-State-Zip: TAMPA FL 33611

Title P
Name STEPHENS A, NNA
Address 4517 S HALE AVE
City-State-Zip: TAMPA FL 33611

Title P
Name STEPHENS, ANNA
Address 4517 S HALE AVE
City-State-Zip: TAMPA FL 33611

Title P
Name STEPHENS A, NNA
Address 4517 S HALE AVE
City-State-Zip: TAMPA FL 33611

Title P
Name STEPHENS A, NNA
Address 4517 S HALE AVE
City-State-Zip: TAMPA FL 33611

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: ANNA STEPHENS

PT, PRESIDENT

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date