

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2014
Secretary of State
CC3643681322

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

PRESIDENT

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date