

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054019

**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  
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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

**PRESIDENT**

**04/07/2014**

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

\_\_\_\_\_  
Date