2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2016
Secretary of State
CC7467770278

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Entity Name: MOBILE PHYSICAL THERAPY SERVICES, INC.

Current Principal Place of Business:

6701 MALLARDS COVE RD.
16H
JUPITER, FL 33458

Current Mailing Address:

6701 MALLARDS COVE RD.
16H
JUPITER, FL 33458 US

FEI Number: 46-1698951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRAKE, CRISTINE
6701 MALLARDS COVE RD.
16H
JUPITER, FL 33458 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
Name	DRAKE, CRISTINE
Address	6701 MALLARDS COVE RD. 16H
City-State-Zip:	JUPITER FL 33458

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: CRISTINE DRAKE PRESIDENT 04/15/2016

Electronic Signature of Signing Officer/Director Detail — Date