

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000057022

**Entity Name:** FL. PHYSICAL THERAPY CORP

**Current Principal Place of Business:**

218 SE 4TH ST  
CAPE CORAL, FL 33990

**Current Mailing Address:**

218 SE 4TH ST  
CAPE CORAL, FL 33990 US

**FEI Number:** 47-4476422

**Certificate of Status Desired:** No

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

MARTINEZ, ARISTIDES  
218 SE 4TH ST  
CAPE CORAL, FL 33990 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 MARTINEZ, ARISTIDES  
Address 218 SE 4TH ST  
City-State-Zip: CAPE CORAL FL 33990

Title VP  
Name FERNANDEZ-MUNIZ, MAITE  
Address 218 SE 4TH ST  
City-State-Zip: CAPE CORAL FL 33990

*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:** MARTINEZ , ARISTIDES

**PRESIDENT**

**03/18/2019**

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

\_\_\_\_\_  
Date