## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000057022

Entity Name: FL. PHYSICAL THERAPY CORP

**Current Principal Place of Business:** 

2836 NW 21 PL

CAPE CORAL, FL 33993

**Current Mailing Address:** 

2836 NW 21 PL

CAPE CORAL, FL 33993 US

FEI Number: 47-4476422 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ARISTIDES 2836 NW 21 PL CAPE CORAL, FL 33993 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

FILED Mar 06, 2016

**Secretary of State** 

CC6478680388

## Officer/Director Detail:

Title I

Name MARTINEZ, ARISTIDES

Address 2836 NW 21 PL

City-State-Zip: CAPE CORAL FL 33993

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: ARISTIDES MARTINEZ