

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030818

Entity Name: ADVANCED PHYSICAL THERAPY & REHAB, INC.

Current Principal Place of Business:

900 VIRGINIA AVE
SUITE 2
FORT PIERCE, FL 34982

Current Mailing Address:

900 VIRGINIA AVE
SUITE 2
FORT PIERCE, FL 34982

FEI Number: 65-0910162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLESKY, THERESA
3737 OUTRIGGER COURT
FT. PIERCE, FL 34946 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 MRS.
Name SOLESKY, THERESA T
Address 3737 OUTRIGGER COURT
City-State-Zip: FT. PIERCE FL 34946

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: THERESA SOLESKY

PT

03/23/2014

Electronic Signature of Signing Officer/Director Detail

Date