

**2015 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:** Yes

**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 OWNER OPERATOR

04/22/2015

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

\_\_\_\_\_ Date