2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 503552

Entity Name: LAKE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

600 NORTH BLVD WEST
SUITE B
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 491654
LEESBURG, FL 347491654 US

New Mailing Address:

FEI Number: 59-1711365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTEIN, GERALD
2918 COCOVIA WAY
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOLDSTEIN, ROBERT J,
Address: 10160 SE 139TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD ( ) Delete
Name: GOLDSTEIN, GERALD,
Address: 2918 COCOVIA WAY
City-St-Zip: LEESBURG, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD GOLDSTEIN PT 02/26/2009

Electronic Signature of Signing Officer or Director Date