

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561384

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** PHYSICAL THERAPY AND REHABILITATION CLINIC, INC.

**Current Principal Place of Business:**

2140 KINGSLEY AVENUE  
STE 5  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2140 KINGSLEY AVENUE  
STE 5  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-1802009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ISAAC, FRED C.  
2468 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WELDON, DAN. W.  
Address: 2140 KINGSLEY AVENUE SUITE 5  
City-St-Zip: ORANGE PARK, FL

Title: VP  
Name: WELDON, JUSTIN C  
Address: 2140 KINGSLEY AVENUE SUITE 5  
City-St-Zip: ORANGE PARK, FL 32073 US

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: JUSTIN WELDON

VP

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date