

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587336

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** FLORIDA PHYSICAL THERAPY & REHABILITATIVE SERVICES, INC.

**Current Principal Place of Business:**

600 W. NORTH BLVD.  
SUITE D  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

600 W. NORTH BLVD.  
SUITE D  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-1848963

**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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: GOLDSTEIN, GERALD  
Address: 2918 COCOVIA WAY  
City-St-Zip: LEESBURG, FL 34748

Title: PD  
Name: GOLDSTEIN, ROBERT J  
Address: 33210 COVENTRY DRIVE  
City-St-Zip: LEESBURG, FL 34788

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: GERALD GOLDSTEIN

VD

02/28/2012

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

\_\_\_\_\_  
Date