## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 688652** 

Entity Name: PHYSICAL THERAPY OF BOCA RATON, P.A.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3301 NW BOCARATON BLVD 199 W PALMETTO PARK ROAD

100

BOCA RATON, FL 33431 BOCA RATON, FL 33432

**Current Mailing Address: New Mailing Address:** 

3301 NW BOCARATON BLVD 199 W PALMETTO PARK ROAD

BOCA RATON, FL 33431 BOCA RATON, FL 33432

FEI Number: 59-2060574 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAIER, FRANK P., ESQUIRE 1330 - B N.W. 6TH STREET GAINESVILLE, FL 32601

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LUNDGREN, EDWARD A., LUNDGREN, EDWARD A., Name: Name: 3301 NW BOCA RATON BLVD. #100 199 W PALMETTO PARK RD #7 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33432

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: EDWARD A. LUNDGREN 01/09/2008 MR