2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# 690023

Entity Name: NORLAND PHYSIO THERAPY, INC.

Current Principal Place of Business:

7 N.W. 183 STREET
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

7 NW 183 STREET
MIAMI, FL 33169 US

New Mailing Address:

7 N.W. 183 STREET
MIAMI, FL 33169 US

FEI Number: 59-2110389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHANSEN, CAMILLE
7 NW 183 ST
MIAMI, FL 33169 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: JOHANSEN, CAMILLE
Address: 7 NW 183ST
City-St-Zip: MIAMI, FL 33169

Title: ST
Name: JOHANSEN, CAMILLE
Address: 7 NW 183 ST
City-St-Zip: MIAMI, FL 33169

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: CJ PD 01/04/2011

Electronic Signature of Signing Officer or Director Date