

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722222

FILED
Apr 11, 2008
Secretary of State

Entity Name: FLORIDA PHYSICAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

2104 DELTA WAY
SUITE 7
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

2104 DELTA WAY
SUITE 7
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-6135438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSBY, RANDALL C
2104 DELTA WAY
SUITE 7
TALLAHASSEE, FL 32303 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: VP () Delete
Name: O'BANNON, ELLEN
Address: 901 WHIPPOORWILL ROWE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: JACOBS, KENNETH
Address: 3076 BELL GROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32208

Title: T () Delete
Name: HUGHES, PAUL
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: SHEILA, NICHOLSON
Address: 6143 WHIMBRELWOOD DRIVE
City-St-Zip: LITHIA, FL 33547

Title: EVP () Delete
Name: CROSBY, CRAIG
Address: 2104 DELTA WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: STOFF, MARK
Address: 2801 SE 283 SW NABBLE AVENUE
City-St-Zip: STUART, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ESTOK, TRACEY
Address: 22310 COUNTY ROAD 455
City-St-Zip: HOWE IN THE HILL, FL 34737

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

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

Title: D (X) Change () Addition
Name: VAN DUIJN, ARIE
Address: 13681 DOCTOR'S WAY
City-St-Zip: FT. MYERS, FL 33912

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

Title: P (X) Change () Addition
Name: PATLA, CATHERINE
Address: 1 UNIVERSITY BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG CROSBY

EVP

04/11/2008

Electronic Signature of Signing Officer or Director

Date