

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722222

FILED  
Mar 13, 2009  
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: VPD ( ) Delete  
Name: ESTOK, TRACEY  
Address: 22310 COUNTY ROAD 455  
City-St-Zip: HOWE IN THE HILL, FL 34737

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

Title: T ( ) Delete  
Name: MUSCO, STEVE  
Address: 1200 BRANDT DR  
City-St-Zip: TALLAHASSEE, FL 323085211

Title: PD ( ) Delete  
Name: PALTA, CATHERINE  
Address: 19 DOLPHIN DR  
City-St-Zip: ST AUGUSTINE, FL 320804530

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: KENNETH JACOBS

SD

03/13/2009

Electronic Signature of Signing Officer or Director

Date