

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 17, 2011
Secretary of State

DOCUMENT# 722222

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:**HIGDON, MICHELLE M
2104 DELTA WAY
SUITE 7
TALLAHASSEE, FL 32303 US

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: MICHELLE M. HIGDON

05/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VPD
Name: ROBERTS, LEE
Address: 22245 STILLWOOD DRIVE
City-St-Zip: LAND O LAKES, FL 34639**Title:** SD
Name: SWANICK, KATHY
Address: 631 CHEROKEE AVENUE
City-St-Zip: FORT MYERS, FL 33905**Title:** T
Name: HARP, SCOTT S
Address: 1020 EAST RIDGEWOOD STREET
City-St-Zip: ORLANDO, FL 32803**Title:** PD
Name: NICHOLSON, SHEILA K
Address: 6143 WHIMBRELWOOD DRIVE
City-St-Zip: LITHIA, FL 33547

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

SIGNATURE: SHEILA K. NICHOLSON

PRES

05/17/2011

Electronic Signature of Signing Officer or Director

Date