

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722222

FILED
Feb 08, 2012
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:

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

Name and Address of New Registered Agent:

FISHER, TAD P
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: TAD P. FISHER

02/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: HARP, SCOTT S
Address: 1020 EAST RIDGEWOOD STREET
City-St-Zip: ORLANDO, FL 32803

Title: SD
Name: SWANICK, KATHY
Address: 631 CHEROKEE AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: T
Name: CURTIS, DANIEL
Address: 10401 POINTVIEW COURT
City-St-Zip: ORLANDO, FL 32836

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

02/08/2012

Electronic Signature of Signing Officer or Director

Date