

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000150

Entity Name: U.S. PT THERAPY SERVICES, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

1300 W. SAM HOUSTON PKWY., SUITE 300
HOUSTON, TX 77042

New Principal Place of Business:

Current Mailing Address:

1300 W. SAM HOUSTON PKWY., SUITE 300
HOUSTON, TX 77042

New Mailing Address:

FEI Number: 76-0613914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PRK DR STE4
FORT LAUDERDALE, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PRK DR STE4
WESTON, FL 33331 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:

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: READING, CHRIS
Address: 1300 W. SAM HOUSTON PKWY., SUITE 300
City-St-Zip: HOUSTON, TX 77042

Title: V () Delete
Name: KING, JANNA
Address: 1300 W. SAM HOUSTON PKWY., SUITE 300
City-St-Zip: HOUSTON, TX 77042

Title: T () Delete
Name: MCAFEE, LARRY
Address: 1300 W. SAM HOUSTON PKWY., SUITE 300
City-St-Zip: HOUSTON, TX 77042

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:

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

SIGNATURE: JANNA KING

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date