

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004497

FILED
Jan 04, 2011
Secretary of State

Entity Name: PHYSIOTHERAPY CORPORATION

Current Principal Place of Business:

855 SPRINGDALE DRIVE
SUITE 200
EXTON, PA 19341

New Principal Place of Business:

Current Mailing Address:

855 SPRINGDALE DRIVE
SUITE 200
EXTON, PA 19341

New Mailing Address:

FEI Number: 26-0493816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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: D
Name: CONNELLY, JAMES
Address: 855 SPRINGDALE DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: DCEO
Name: CONNORS, DANIEL J
Address: 855 SPRINGDALE DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: D
Name: CURT, SELQUIST
Address: 855 SPRINGDALE DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: S
Name: KING, JANNA P
Address: 855 SPRINGDALE DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: D
Name: KRACUM, RICHARD R
Address: 855 SPRINGDALE DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: D
Name: MCLANE, JAMES W
Address: 855 SPRINGDALE DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

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

SIGNATURE: JANNA P. KING

SEC

01/04/2011

Electronic Signature of Signing Officer or Director

Date