# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2012**
**Secretary of State**

DOCUMENT# F07000004497

**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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: D
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: VPS
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 VPS 01/16/2012

Electronic Signature of Signing Officer or Director Date