## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000005482

Entity Name: MICHIGAN PHYSICAL THERAPY INC

FILED Feb 16, 2011 Secretary of State

| Littly Nai  | ille. MICHIGA                                   | N FITISICAL ITILKAFI INC.        |                                    |  |
|---|---|----------------------------------|------------------------------------|--|
| Current Principal Place of Business:  |   |                                  | New Principal Place of Business:   |  |
|   | RPER AVE<br>TWP, MI 4803                        | 5                                |                                    |  |
| Current Mailing Address:  |   |                                  | New Mailing Address:               |  |
|   | RPER AVE<br>TWP, MI 4803                        | 5                                |                                    |  |
| FEI Number:   | : 38-3524445                                    | FEI Number Applied For()         | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                  |                                    |  |
| 4914 CRE  | , BETHANY S<br>EKSIDE DR<br>ATER, FL 3376       | 60 US                            |                                    |  |
|   | named entity see of Florida.                    | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| SIGNATUR  |   |                                  |                                    |  |
|   | Electron  | iic Signature of Registered Age  | ent                                | Date                                   |
| OFFICERS  | S AND DIREC                                     | TORS:                            |                                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P<br>HALL, BRENT<br>2448 HAMMON<br>BLOOMFIELD I | D LAKE DR<br>HILLS, MI 48302     |                                    |  |

Title:

Name: KINCER, MARK 955 COVINGTON RD Address: MARYSVILLE, MI 48040 City-St-Zip:

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: MARK KINCER SEC 02/16/2011