

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39051

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY SPECIALTIES, INC.

**Current Principal Place of Business:**

10803 WHARTON WAY  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

8645 N. MILITARY TRAIL  
STE 401  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

10803 WHARTON WAY  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

**FEI Number:** 59-2101331      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBIN, MARY-JO  
10803 WHARTON WAY  
WEST PALM BEACH, FL 33412 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: P  
Name: RUBIN, MARY-JO W.  
Address: 10803 WHARTON WAY  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: ST  
Name: RUBIN, DAVID J.  
Address: 10803 WHARTON WAY  
City-St-Zip: WEST PALM BEACH, FL 33412

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: MARY-JO W. RUBIN

PRES

04/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date