

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48214

FILED
Jan 12, 2011
Secretary of State

Entity Name: NORTH DADE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

18690 N.W. 2ND AVENUE
MIAMI, FL 331694508

New Principal Place of Business:

Current Mailing Address:

3850 SHERIDAN ST.
HOLLYWOOD, FL 330213634

New Mailing Address:

FEI Number: 59-2126906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, SHAPIRO M PRES.
18690 N.W. 2ND AVENUE
MIAMI, FL 33169 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: SHAPIRO, CHARLES M PRES.
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: ST
Name: SHAPIRO, ANNA B ST
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: VP
Name: SHAPIRO, KAREN S V
Address: 18690 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

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: KAREN S. SHAPIRO

VP

01/12/2011

Electronic Signature of Signing Officer or Director

Date