

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F77811

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** VAN PELT & ASSOCIATES PHYSICAL THERAPY SERVICES, INC.

**Current Principal Place of Business:**

3848 FAU BLVD  
SUITE 105  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3848 FAU BLVD  
SUITE 105  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 59-2195873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PELT, DANA V  
3848 FAU BLVD  
BOCA RATON, FL 33431 US

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

VAN PELT, DANA M  
3848 FAU BLVD  
SUITE 105  
BOCA RATON, FL 33431 US

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:** DANA VAN PELT

01/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** VAN PELT, DANA M  
**Address:** 3848 FAU BLVD SUITE 105  
**City-St-Zip:** BOCA RATON, FL 33431

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:** DANA VAN PELT

MR.

01/03/2011

Electronic Signature of Signing Officer or Director

Date