## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H01387

FILED Feb 11, 2008 Secretary of State

Entity Name: PHYSICAL THERAPY ASSOCIATES, P.A. IRA M. FIEBERT, PH.D., P.T. CRAIG H. PAHL,

M.H.S., P.T.

Current Principal Place of Business: New Principal Place of Business:

6280 SUNSET DRIVE #606 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

6280 SUNSET DRIVE #606 MIAMI, FL 33143

FEI Number: 59-2410767 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:

PAHL, CRAIG H 18132 SW 82ND CT MIAMI, FL 33157 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PAHL, CRAIG
 Name:

 Address:
 18132 SW 82 COURT
 Address:

Address: 18132 SVV 82 COORT Address:
City-St-Zip: MIAMI, FL City-St-Zip:

Title: VTS () Delete Title: () Change () Addition
Name: FIEBERT. IRA M Name:

Address: 8297 BRIDLE PATH Address: City-St-Zip: BOCA RATON, FL City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 MAGILL, RITA
 Name:

 Address:
 1305 SW 107 TERR
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CRAIG H PAHL P 02/11/2008