

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06389

FILED
Apr 01, 2011
Secretary of State

Entity Name: CLAUDIA SENESAC, P.T. & ROBIN ANDERSEN, P.T., PEDIATRIC PHYSICAL THERAPY - KIDS
ON THE MOVE, P.A.

Current Principal Place of Business:

1203 N.W. 16TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1203 N.W. 16TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2422363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SENESAC, CLAUDIA
1203 NW 16TH AVE
GAINESVILLE, FL 32601 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: DP
Name: CLAUDIA SENESAC
Address: 1203 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: DST
Name: ANDERSEN, ROBIN
Address: 1203 NW 16TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

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: CLAUDIA SENESAC

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date