

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49582

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** HOWARD PHYSICAL THERAPY CLINIC, P.A.

**Current Principal Place of Business:**

% BRUCE HOWARD  
2340 NE 2ND STREET, SUITE 500  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

% BRUCE HOWARD  
2340 NE 2ND STREET, SUITE 500  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 59-2517896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, BRUCE B  
2340 NE 2ND STREET  
SUITE 500  
OCALA, FL 34470 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HOWARD, BRUCE  
**Address:** 2340 NE 2ND ST, #500  
**City-St-Zip:** Ocala, FL 34470

**Title:** V  
**Name:** HOWARD, NADENE  
**Address:** 2340 NE 2ND ST, #500  
**City-St-Zip:** Ocala, FL 34470

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:** BRUCE HOWARD

PRES

03/09/2010

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

\_\_\_\_\_  
Date