2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2010
Secretary of State

DOCUMENT# J17558

Entity Name: COMPREHENSIVE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

37941 MERIDIAN AVE.
DADE CITY, FL 33525 US

New Principal Place of Business:

37104 CLINTON AVE
DADE CITY, FL 33525 US

Current Mailing Address:

PO BOX 1001
DADE CITY, FL 335261001 US

New Mailing Address:

FEI Number: 59-2684241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNICKERBOCKER, JOEL C
36348 ST JOE RD
84
DADE CITY, FL 33525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: KNICKERBOCKER, JOEL
Address: 36348 ST. JOE RD
City-St-Zip: DADE CITY, FL

Title: D
Name: KNICKERBOCKER, JOEL
Address: 36348 ST. JOE RD
City-St-Zip: DADE CITY, FL

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: JOEL C. KNICKERBOCKER P 05/02/2010

Electronic Signature of Signing Officer or Director Date