

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J17558

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

37104 CLINTON AVE  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**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:**

KNICKERBOCKER, JOEL C  
37104 CLINTON AVENUE  
DADE CITY, FL 33525 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

04/12/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KNICKERBOCKER, JOEL  
Address: 37104 CLINTON AVENUE  
City-St-Zip: DADE CITY, FL 33525 US

Title: D  
Name: KNICKERBOCKER, JOEL  
Address: 37104 CLINTON AVENUE  
City-St-Zip: DADE CITY, FL 33525 US

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

04/12/2012

Electronic Signature of Signing Officer or Director

Date