

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J38201

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** THOMAS ORTHOPAEDIC AND SPORTS PHYSICAL THERAPY, P.A.

**Current Principal Place of Business:**

% RANDY M. THOMAS  
100 PROFESSIONAL BLVD.  
DAYTONA BEACH, FL 321143840

**New Principal Place of Business:**

**Current Mailing Address:**

% RANDY M. THOMAS  
100 PROFESSIONAL BLVD.  
DAYTONA BEACH, FL 321143840

**New Mailing Address:**

**FEI Number:** 59-2737559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, RANDY M.  
100 PROFESSIONAL BLVD.  
DAYTONA BEACH, FL 32114 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: THOMAS, RANDY M.  
Address: 100 PROFESSIONAL BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VS  
Name: THOMAS, SARAH T.  
Address: 100 PROFESSIONAL BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114

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: SARAH T THOMAS

VS

02/07/2012

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

\_\_\_\_\_  
Date