

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67017

FILED
Apr 05, 2011
Secretary of State

Entity Name: TALLAHASSEE ORTHOPEDIC & SPORTS PHYSICAL THERAPY, INC.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BLVD 300
TALLAHASSEE, FL 323081416

New Principal Place of Business:

Current Mailing Address:

3231 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2831494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNISLEY, KENT
3334 CAPITAL MEDICAL BLVD
SUITE 300
TALLAHASSEE, FL 32308 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: PD
Name: KNISLEY, KENT CHARLES
Address: 3334 CAPITAL MED BLVD300
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO
Name: KNISLEY, KENT CHARLES
Address: 2887 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: CEO
Name: KNISLEY, KENT CHARLES
Address: 257 SW DADE ST
City-St-Zip: TALLAHASSEE, FL 32340

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: KENT KNISLEY

MR

04/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date