## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67017

FILED Apr 18, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3334 CAPITAL MEDICAL BLVD 300 TALLAHASSEE, FL 323081416

Current Mailing Address: New Mailing Address:

3231 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308
3334 CAPITAL MEDICAL BLVD
SUITE 300
TALLAHASSEE, FL 32308

FEI Number: 59-2831494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KNISLEY, KENT C
3334 CAPITAL MEDICAL BLVD
SUITE 300
TALLAHASSEE, FL 32308 US

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3334 CAPITAL MEDICAL BLVD
SUITE 300
TALLAHASSEE, FL 32308 US

KNISLEY, KENT C
3334 CAPITAL MEDICAL BLVD
SUITE 300
TALLAHASSEE, FL 32308 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: KENT C KNISLEY 04/18/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CEC

 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 C. KNISLEY CEO 04/18/2012