2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# K36456

Entity Name: NANCY K. WHELAN R.P.T., P.A.

Current Principal Place of Business:

C/O NANCY K. WHELAN
6714 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

C/O THE PHYSICAL THERAPY CENTER
6714 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413 US

Current Mailing Address:

C/O NANCY K. WHELAN
6714 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413 US

New Mailing Address:

C/O THE PHYSICAL THERAPY CENTER
6714 FOREST HILL BLVD.
WEST PALM BEACH, FL 33413 US

FEI Number: 65-0104526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHELAN, NANCY K.
6547 ROCK CREEK DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

WHELAN, NANCY K
6547 ROCK CREEK DRIVE
LAKE WORTH, FL 33467 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: NANCY K. WHELAN 01/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WHELAN, NANCY K.,
Address: 6547 ROCK CREEK DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WHELAN, NANCY K
Address: 6547 ROCK CREEK DRIVE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY K. WHELAN D 01/23/2009
Electronic Signature of Signing Officer or Director Date