2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L15832

1. Entity Name
PROFESSIONAL PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 903 EDGEWATER, FL 32132 US	314 VIA TUSCANY LOOP LAKE MARY, FL 32746 US

DO NOT WRITE IN THIS SPACE

03192008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2968199	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUSKE, PETER
314 VIA TUSCANY LOOP
LAKE MARY, FL 32746

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUSKE, PETER
STREET ADDRESS	314 VIA TUSCANY LOOP
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-80067-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Peter Guske PT. pres. Peter Guske - pres._   _04-03-08_   407-323-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #