

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15832

FILED
Apr 21, 2009
Secretary of State

Entity Name: PROFESSIONAL PHYSICAL THERAPY, INC.

Current Principal Place of Business:

P.O. BOX 903
EDGEWATER, FL 32132 US

New Principal Place of Business:

314 VIA TUSCANY LOOP
LAKE MARY, FL 32746 US

Current Mailing Address:

314 VIA TUSCANY LOOP
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-2968199 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUSKE, PETER
Address: 314 VIA TUSCANY LOOP
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER GUSKE

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date