

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L15832

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

314 VIA TUSCANY LOOP  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**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:**

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

04/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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: PETER GUSKE

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date