# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2009**
**Secretary of State**

DOCUMENT# L60442

**Entity Name:** PHYSICAL THERAPY HOME CARE, INC.

**Current Principal Place of Business:**

8140 BAYHAVEN DR.
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4815
SEMINOLE, FL 33775 US

**New Mailing Address:**

**FEI Number: 59-2999474** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MACCOLLOM, STUART
8140 BAYHAVEN DR
SEMINOLE, FL 33776 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: MACCOLLOM, ELAINE
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: VPS ( ) Delete
Name: MACCOLLOM, STUART
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: ST ( ) Delete
Name: LALLY, PETER
Address: 8410 144TH LANE
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/T (X) Change ( ) Addition
Name: MACCOLLOM, ELAINE
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: VP (X) Change ( ) Addition
Name: MACCOLLOM, STUART
Address: 8140 BAYHAVEN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: S (X) Change ( ) Addition
Name: LALLY, PETER
Address: 8410 144TH LANE
City-St-Zip: SEMINOLE, FL 33776

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: ELAINE R. MACCOLLOM P/T 01/18/2009

Electronic Signature of Signing Officer or Director Date