2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M30764

Entity Name: AMERICAN PHYSICAL THERAPY SERVICES, INC.

Current Principal Place of Business:

3349 N UNIVERSITY DR
4
DAVIE, FL 33024 US

New Principal Place of Business:

2845 NW 14 STREET
FORT LAUDERDALE, FL 33311 US

Current Mailing Address:

POBOX 350095
FT LAUDERDALE, FL 33335 US

New Mailing Address:

FEI Number: 59-2682103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHMAD, MALIK D
3349 N UNIVERSITY DRIVE
4
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

AHMAD, MALIK D
2845 NW 14 STREET
FORT LAUDERDALE, FL 33311 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AHMAD, MALIK D
Address: 3349 N UNIVERSITY DRIVE # 4
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AHMAD, MALIK D
Address: 285 NW 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

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: MALIK AHMAD D 04/30/2009
Electronic Signature of Signing Officer or Director — Date