2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10681 Ct 24, 2010
Secretary of State

Entity Name: THE SOUTHEAST DISTRICT OF THE FLORIDA PHYSICAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1353 ST. LAWRENCE DR. 13529 NW 5TH COURT

PALM BEACH GARDENS, FL 33410 US PLANTATION, FL 33325 US

Current Mailing Address: New Mailing Address:

1353 ST. LAWRENCE DR. 13529 NW 5TH COURT

PALM BEACH GARDENS, FL 33410 US PLANTATION, FL 33325 US

FEI Number: 59-2622647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BRODSKY, MELISSA S PT VENUTO, PAUL

1353 ST. LÁWRENCE DR.

PALM BEACH GARDENS, FL 33410 US

13529 NW 5TH COURT PLANTATION, FL 33325

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.

US

SIGNATURE: PAUL VENUTO 10/24/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CH

Name: BEAL, JENNIFER

Address: 2505 METROCENTER BOULEVARD, SUITE 201

City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: CH

Name: MULCAHY, ALAN
Address: 6320 WOOD LAKE ROAD
City-St-Zip: JUPITER, FL 33458 US

Title: TR

 Name:
 VENUTO, PAUL

 Address:
 13529 NW 5TH COURT

 City-St-Zip:
 PLANTATION, FL 33325 US

Title: SEC

Name: RICE, DENIE L

Address: 8400 PINE TREE LANE

City-St-Zip: WEST PALM BEACH, FL 33406 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER BEAL CH 10/24/2010