2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10681

Apr 11, 2012 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:

2505 METROCENTER BOULEVARD, SUITE 201 5137 SW 87 TERRACE

WEST PALM BEACH, FL 33407 ÚS COOPER CITY, FL 33328 US

Current Mailing Address: New Mailing Address:

2505 METROCENTER BOULEVARD, SUITE 201 5137 SW 87 TERRACE

WEST PALM BEACH, FL 33407 US COOPER CITY, FL 33328 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:

BEAL, JENNIFER CAMPBELL, NANCY
2505 METROCENTER BOULEVARD, SUITE 201 5137 SW 87 TERRACE

WEST PALM BEACH, FL 33407 US COOPER CITY, FL 33328 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: NANCY CAMPBELL 04/11/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CH

 Name:
 RANDOLPH, MARILYS

 Address:
 5137 SW 87 TERRACE

 City-St-Zip:
 COOPER CITY, FL 33328 US

Title: VCH

 Name:
 MEYER, RHONDA

 Address:
 3020 JASMINE CT

 City-St-Zip:
 DELRAY. FL, FL 33483 US

Title: SEC

Name: RICE, DENIE L Address: 8400 PINE TREE LANE

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

Title: TR

 Name:
 CAMPBELL, NANCY

 Address:
 5137 SW 87 TERRACE

 City-St-Zip:
 COOPER CITY, FL 33328

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: NANCY CAMPBELL TR 04/11/2012