

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002912

FILED
Apr 10, 2012
Secretary of State

Entity Name: FLORIDA PHYSICAL THERAPISTS IN PRIVATE PRACTICE, INC.

Current Principal Place of Business:

6911 PISTOL RANGE RD., #103-A
TAMPA, FL 33635

New Principal Place of Business:

6911 PISTOL RANGE RD
103A
TAMPA, FL 33635

Current Mailing Address:

6911 PISTOL RANGE RD., #103-A
TAMPA, FL 33635

New Mailing Address:

6911 PISTOL RANGE RD
103A
TAMPA, FL 33635

FEI Number: 45-1986444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGES, ARMIN
6911 PISTOL RANGE RD., #103-A
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

LOGES, ARMIN
6911 PISTOL RANGE RD
103A
TAMPA, FL 33635 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:

04/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOGES, ARMIN
Address: 6911 PISTOL RANGE RD., #103-A
City-St-Zip: TAMPA, FL 33635

Title: V
Name: MULVEY, CHRISTOPHER
Address: 18070 SOUTH TAMiami TRAIL, SUITE 15
City-St-Zip: FORT MYERS, FL 33908

Title: S
Name: ZELLER, THOMAS
Address: 6314 WHISKEY CREEK DR., SUITE D
City-St-Zip: FORT MYERS, FL 33919

Title: T
Name: TRINQUE, TRICIA
Address: 419 S. PASADENA AVE
City-St-Zip: ST. PETERSBURG, FL 33707

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: ARMIN LOGES

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date