

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028504

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** FIT FOR LIFE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

4343 WEST NEWBERRY ROAD  
SUITE 4  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 357279  
GAINESVILLE, FL 32635

**New Mailing Address:**

**FEI Number:** 59-3631918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VERHAEREN, LEO  
224 SE 1ST AVENUE  
TRENTON, FL 32693 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** VAES, G. LAMBERT  
**Address:** 10 NORTHWEST 80TH BLVD.  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** D  
**Name:** VAES, ROBERTA J  
**Address:** 10 NORTHWEST 80TH BLVD.  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** DVP  
**Name:** OCHS, DAVID  
**Address:** 25162 NW 204TH PLACE  
**City-St-Zip:** HIGH SPRINGS, FL 32643

**Title:** D  
**Name:** FRAZER, CHARLENE  
**Address:** 10009 NW 50TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32653

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

**SIGNATURE:** LEO VERHAEREN

MR.

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date