

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000028579

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** ACTION PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

106 PONCE DELEON STREET  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

17380 ALT A1A  
SUITE 305  
JUPITER, FL 33477

**Current Mailing Address:**

106 PONCE DELEON STREET  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

231 WALTON STREET  
SUITE 103  
SYRACUSE, NY 13202

**FEI Number:** 65-0951237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAPA, JOHN  
106 PONCE DELEON  
ROYAL PALM BEACH, FL 33411 US

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

SMITH, JAMES H  
231 WALTON STREET SUITE 103  
JUPITER, FL 33477 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: JAMES H SMITH

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGR  
Name: SMITH, JAMES  
Address: 231 WALTON STREE  
City-St-Zip: SYRACUSE, NY 13202

Title: MGR  
Name: PAPA, JOHN  
Address: 17380 ALT A1A SUITE 305  
City-St-Zip: JUPITER, FL 33477

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: JAMES H SMITH

MGR

01/21/2011

Electronic Signature of Signing Officer or Director

Date