

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90079 015 \*\*\*150.00

**DOCUMENT # P00000106050**

1. Entity Name  
**DOWNSTATE PHYSICAL THERAPY ASSOCIATES, INC.**



Principal Place of Business  
**10575 NW 11TH CT  
PLANTATION, FL 33322**

Mailing Address  
**PO BOX 15488  
PLANTATION, FL 33318**

2. Principal Place of Business - No P.O. Box #

**4712 Grapevine Way**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Davie, FL**

City & State

Zip

**33331**

Country

**USA**

Zip

Country

01162007

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-1054127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIFIORE, CHRISTINE M CPA  
1420 W SUNRISE BLVD, STE 201  
SUNRISE, FL 33323**

7. Name and Address of New Registered Agent

Name **DiFiore, Christine M.**

Street Address (P.O. Box Number is Not Acceptable)

**14201 W. Sunrise Blvd, Ste 201**

City

**Sunrise**

FL

Zip Code

**33323**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Christine M. DiFiore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/17/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MAYOTT, CHRISTOPHER J**  
STREET ADDRESS **10575 N.W. 11TH CT**  
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **V** ☐ Delete  
NAME **TSANG, SAMMY**  
STREET ADDRESS **255 N. WANTAGH AVE**  
CITY-ST-ZIP **LEVITTOWN, NY 11756**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Mayott, Christopher J.**  
STREET ADDRESS **330 Smokey Road**  
CITY-ST-ZIP **Winterville, GA 30683**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Tsang, Sammy**  
STREET ADDRESS **13 Flint Road**  
CITY-ST-ZIP **Amity Harbor, NY 11701**

TITLE ☐ Change ☒ Addition  
NAME **Sec. Cocchiaro-Gualtieri, Vania**  
STREET ADDRESS **4712 Grapevine Way**  
CITY-ST-ZIP **Davie, FL 33331**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

*Michael S. Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-23-07 951-483-84 Sp

Date

Daytime Phone #