

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P00000106050 1. Entity Name DOWNSTATE PHYSICAL THERAPY ASSOCIATES, INC.	
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Principal Place of Business 4712 GRAPEVINE WAY DAVIE, FL 33331	Mailing Address PO BOX 15488 PLANTATION, FL 33318
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

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 14201 W SUNRISE BLVD, STE 201 SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

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.

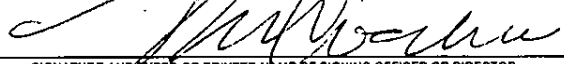
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000347162 04/21/08-80009-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYOTT, CHRISTOPHER J 330 SMOKEY ROAD WINTERVILLE, GA 30683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TSANG, SAMMY 13 FLINT ROAD AMITYVILLE, NY 11701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COCCHIARO GUALTIERI, VANIA 4712 GRAPEVINE WAY DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4/14/8 954-483-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #