

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106050

FILED
Apr 13, 2009
Secretary of State

Entity Name: DOWNSTATE PHYSICAL THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

4712 GRAPEVINE WAY
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

PO BOX 15488
PLANTATION, FL 33318

New Mailing Address:

4712 GRAPEVINE WAY
DAVIE, FL 33331

FEI Number: 65-1054127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFIORE, CHRISTINE M CPA
14201 W SUNRISE BLVD, STE 201
SUNRISE, FL 33323 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYOTT, CHRISTOPHER J
Address: 330 SMOKEY ROAD
City-St-Zip: WINTERVILLE, GA 30683

Title: V (X) Delete
Name: TSANG, SAMMY
Address: 13 FLINT ROAD
City-St-Zip: AMITYVILLE, NY 11701

Title: S (X) Delete
Name: COCCHIARO0GUALTIERI, VANIA
Address: 4712 GRAPVINE WAY
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUALTIERI, VANIA C
Address: 4712 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VANIA GUALTIERI

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date