

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000774

FILED
Mar 23, 2009
Secretary of State

Entity Name: SEA RANCH PHYSICAL THERAPY CENTER, INC.

Current Principal Place of Business:

4747 NORTH OCEAN BOULEVARD
SUITE 261
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4747 NORTH OCEAN BOULEVARD
SUITE 261
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1063851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: RICHARDSON, LORI M
Address: 4747 NORTH OCEAN BOULEVARD SUITE 261
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORI M RICHARDSON

PSTD

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date