

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042517

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** VLAAR INTERNATIONAL PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

2240 W. WOOLBRIGHT RD.  
SUITE 346  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2240 W. WOOLBRIGHT RD.  
SUITE 346  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-1098778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VLAAR, JOHANNES M OWNER  
2240 W. WOOLBRIGHT RD.  
SUITE 346  
BOYNTON BEACH, FL 33426 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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** VLAAR, JOHANNES  
**Address:** 2240 W. WOOLBRIGHT RD. SUITE 346  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** VD  
**Name:** VLAAR, CAROLIEN D  
**Address:** 2240 W. WOOLBRIGHT RD. SUITE 346  
**City-St-Zip:** BOYNTON BEACH, FL 33426

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:** JOHANNES M. VLAAR

PSTD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date