

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000046065

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL THERAPY OF THE TREASURE COAST INC.

**Current Principal Place of Business:**

3060 SW CAPTIVA CT  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3060 SW CAPTIVA CT  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 65-1102259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHWEIGER, ROB L  
9752 SW SANTA MONICA DR  
PALM CITY, FL 34990 US

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

VAN RHYN, MARIA E  
3060 SW CAPTIVA CT  
PALM CITY, FL 34990 US

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:** MARIA E VAN RHYN

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** VAN RHYN, MARIA E  
**Address:** 3060 SW CAPTIVA CT.  
**City-St-Zip:** PALM CITY, FL 34990

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:** MARIA E VAN RHYN

D

04/29/2011

Electronic Signature of Signing Officer or Director

Date