

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091682

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** BEACHSIDE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

390 RIO PALMA S.  
INDIALANTIC, FL 32937 US

**New Principal Place of Business:**

212 LANSING ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**Current Mailing Address:**

390 RIO PALMA S.  
INDIALANTIC, FL 32937 US

**New Mailing Address:**

212 LANSING ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**FEI Number:** 59-3747453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYLAND, STEVEN P  
390 RIO PALMA S.  
INDIATLANTIC, FL 32903 US

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

RYLAND, STEVEN P  
212 LANSING ISLAND DRIVE  
SATELLITE BEACH, FL 32903 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:** STEVEN P. RYLAND

04/15/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RYLAND, STEVEN P  
**Address:** 212 LANSING ISLAND DRIVE  
**City-St-Zip:** SATELLITE BEACH, FL 32937

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:** STEVEN P. RYLAND

OWNE

04/15/2010

Electronic Signature of Signing Officer or Director

Date