

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095253

FILED
Jan 06, 2011
Secretary of State

Entity Name: PRIME PHYSICAL THERAPY INC.

Current Principal Place of Business:

7815 N. DALE MABRY HWY
SUITE 102
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P O BOX 272689
TAMPA, FL 336882689

New Mailing Address:

FEI Number: 52-2344261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBIN
3316 STONEMAN LOOP
LAND O LAKES, FL 34638 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: D
Name: JOHNSON, ROBIN
Address: 3316 STONEMAN COOP
City-St-Zip: LAND O LAKES, FL 34638

Title: D
Name: DORIS, KEVIN
Address: 4205 MAST COURT
City-St-Zip: LAND O LAKES, FL 34639

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: ROBIN JOHNSON

MRS

01/06/2011

Electronic Signature of Signing Officer or Director

Date