

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095744

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: BROWARD PHYSICIAN THERAPY CORP

## Current Principal Place of Business:

732 S. FEDERAL HIGHWAY  
DANIA BEACH, FL 33004

## New Principal Place of Business:

5928 SHERIDAN STREET  
HOLLYWOOD, FL 33021

## Current Mailing Address:

732 S. FEDERAL HIGHWAY  
DANIA BEACH, FL 33004

## New Mailing Address:

5928 SHERIDAN STREET  
HOLLYWOOD, FL 33021

FEI Number: 71-0902892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINTERO, OSCAR  
16802 SW 50TH STREET  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

HURTADO, ALFONSO  
5928 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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: ALFONSO HURTADO

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: QUINTERO, OSCAR  
Address: 16802 SW 50TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: V ( ) Delete  
Name: BUSTOS, CARLA  
Address: 12500 NE 3RD. COURT APT 416  
City-St-Zip: NORTH MIAMI, FL 33161

Title: S ( ) Delete  
Name: BUSTOS, MARYCRUZ  
Address: 12500 NE 3RD. COURT APT 416  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: QUINTERO, OSCAR  
Address: 5928 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: V (X) Change ( ) Addition  
Name: BUSTOS, CARLA  
Address: 5928 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change ( ) Addition  
Name: BUSTOS, MARYCRUZ  
Address: 5928 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: OSCAR QUINTERO

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date