2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P02000097727

Entity Name: ALPHA PHYSICAL THERAPY & REHAB, INC.

Current Principal Place of Business:

6600 W. ATLANTIC AVE.
DELRAY BEACH, FL 33446

New Principal Place of Business:

1060 S. FEDERAL HIGHWAY SUITE 100
DELRAY BEACH, FL 33483

Current Mailing Address:

PO BOX 832087
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 82-0566847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARMA, SUNITA
3603 NW 6TH ST
DEERFIELD BEACH, FL 33442 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: SHARMA, SUNITA
Address: 3603 NW 6TH ST
City-St-Zip: DEERFIELD BEACH, FL 33442

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: SUNITA SHARMA PRES 04/19/2011
Electronic Signature of Signing Officer or Director Date