

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097727

FILED
Sep 27, 2012
Secretary of State

Entity Name: ALPHA PHYSICAL THERAPY & REHAB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

5300 W. ATLANTIC AVENUE SUITE 500
DELRAY BEACH, FL 33484

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

09/27/2012

Electronic Signature of Signing Officer or Director

Date