

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000101732

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE PHYSICAL THERAPY SOLUTIONS, INC.

**Current Principal Place of Business:**

2953 LAKE SAXON DRIVE  
LAND OF LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

2953 LAKE SAXON DRIVE  
LAND OF LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 30-0136575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOLEY, MICHAEL  
2953 LAKE SAXON DRIVE  
LAND OF LAKES, FL 34639 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: COOLEY, MARY M  
Address: 2953 LAKE SAXON DRIVE  
City-St-Zip: LAND OF LAKES, FL 34639

Title: D  
Name: COOLEY, MICHAEL D  
Address: 2953 LAKE SAXON DRIVE  
City-St-Zip: LAND OF 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: MARY COOLEY

CEO

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date