2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

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Entity Name: PALM BEACH AQUATICS & PHYSICAL THERAPY, INC.

Current Principal Place of Business:

5130 LINTON BLVD.,
E-2
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5130 LINTON BLVD.,
E-2
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 60-0004120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ-MOTE, ADRIANA
10531 ST. ANDREWS ROAD
BOYNTON BEACH, FL 33436 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: P
Name: HERNANDEZ-MOTE, ADRIANA
Address: 10531 ST. ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: VP
Name: PILOZZI, ANTONIO
Address: 8075 VIALE MATERA
City-St-Zip: LAKE WORTH, FL 33467

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: ADRIANA MOTE PRES 03/21/2012

Electronic Signature of Signing Officer or Director Date