

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000124454

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** PALM CITY PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

2684 SW EMMANUEL DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

3539 SW CORPORATE PARKWAY  
PALM CITY, FL 34990

**Current Mailing Address:**

2684 SW EMMANUEL DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

3539 SW CORPORATE PARKWAY  
PALM CITY, FL 34990

**FEI Number:** 32-0044086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEERMAN, KAY K  
2470 LAKERIDGE DRIVE  
PALM CITY, FL 34990 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: PST  
Name: DEERMAN, KAY K  
Address: 2470 LAKERIDGE DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: V  
Name: DEERMAN, JOSEPH  
Address: 2470 LAKERIDGE DRIVE  
City-St-Zip: PALM CITY, FL 34990

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: KAY DEERMAN

PST

02/10/2011

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

\_\_\_\_\_  
Date