

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000129790

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** MOBILE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

814 SW GLENVIEW COURT  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

814 SW GLENVIEW COURT  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 02-0655836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEETS, BARRY M  
2400 SE VETERANS MEMORIAL PARKWAY  
SUITE 206  
PORT SAINT LUCIE, FL 34952 US

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

OREO, ELIZABETH A  
814 SW GLENVIEW COURT  
PORT SAINT LUCIE, FL 34953 US

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: ELIZABETH A. OREO

03/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OREO, ELIZABETH A  
Address: 310 HOLLY AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST  
Name: OREO, BRUCE J  
Address: 310 HOLLY AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: ELIZABETH A. OREO

PD

03/31/2010

Electronic Signature of Signing Officer or Director

Date