

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000011770

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

890 N BOUNDARY AVE STE 200  
DELAND, FL 32720

**New Principal Place of Business:**

890 N BOUNDARY AVE  
SUITE 200  
DELAND, FL 32720

**Current Mailing Address:**

890 N BOUNDARY AVE STE 200  
DELAND, FL 32720

**New Mailing Address:**

890 N BOUNDARY AVE  
SUITE 200  
DELAND, FL 32720

**FEI Number:** 65-1171140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROVER, ROGER B JR  
1134 FATIO ROAD  
DELAND, FL 32720 US

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

GROVER, ROGER B JR  
910 CLIFTON ROAD  
DELEON SPRINGS, FL 32130 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:

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GROVER, ROGER B JR  
Address: 890 N BOUNDARY AVE STE 200  
City-St-Zip: DELAND, FL 32720

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: ROGER B GROVER JR

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date