

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016517

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** SOUTH COUNTY PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

11437 NW 20TH COURT  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

5975 NW 97TH DRIVE  
PARKLAND, FL 33076

**Current Mailing Address:**

11437 NW 20TH COURT  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

5975 NW 97TH DRIVE  
PARKLAND, FL 33076

**FEI Number:** 56-2316782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EPSTEIN, SPENCER  
11437 NW 20TH COURT  
CORAL SPRINGS, FL 33071 US

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

EPSTEIN, SPENCER  
5975 NW 97TH DRIVE  
PARKLAND, FL 33076 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:

Electronic Signature of Registered Agent

01/20/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: EPSTEIN, SPENCER  
Address: 5975 NW 97TH DRIVE  
City-St-Zip: PARKLAND, FL 33076

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: SPENCER EPSTEIN

D

01/20/2011

Electronic Signature of Signing Officer or Director

Date