

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021956

FILED
Feb 23, 2011
Secretary of State

Entity Name: ADVANCED PHYSICAL THERAPY & REHAB OF LEE, INC.

Current Principal Place of Business:

6314 WHISKEY CREEK DR UNIT D
FT MYERS, FL 339198710

New Principal Place of Business:

Current Mailing Address:

6314 WHISKEY CREEK DR UNIT D
FT MYERS, FL 339198710

New Mailing Address:

FEI Number: 48-1301450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLER, THOMAS S
6314 WHISKEY CREEK DR UNIT D
FT MYERS, FL 339198710 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: PSTD
Name: ZELLER, THOMAS S
Address: 6314 WHISKEY CREEK DR UNIT D
City-St-Zip: FT MYERS, FL 339198710

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: THOMAS S ZELLER

PSTD

02/23/2011

Electronic Signature of Signing Officer or Director

Date