

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047948

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** PERFORMANCE PHYSICAL THERAPY OF NAPLES, INC.

**Current Principal Place of Business:**

4949 TAMIAMI TR. NORTH  
SUITE 104  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

4949 TAMIAMI TR. NORTH  
SUITE 104  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 06-1693930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICI, JAMES R ESQ.  
C/O COX & NICI  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: NEWELL, CHRIS  
Address: 4949 TAMIAMI TRAIL NORTH, SUITE 104  
City-St-Zip: NAPLES, FL 34103 US

Title: DVPS  
Name: BATTILANA, JORGE  
Address: 4949 TAMIAMI TRAIL NORTH, SUITE 104  
City-St-Zip: NAPLES, FL 34103 US

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: CHRIS NEWELL

DPT

03/15/2010

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

\_\_\_\_\_  
Date