

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067007

FILED  
Apr 13, 2010  
Secretary of State

Entity Name: OCEANSIDE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

840 SE OSCEOLA STREET  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 SE OSCEOLA STREET  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 57-1172970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM, BRYAN L  
840 SE OSCEOLA STREET  
STUART, FL 34994 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: PTD  
Name: GRAHAM, BRYAN L  
Address: 840 SE OSCEOLA STREET  
City-St-Zip: STUART, FL 34994 US

Title: S  
Name: GRAHAM, ALLISON J  
Address: 840 SE OSCEOLA STREET  
City-St-Zip: STUART, FL 34994

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: BRYAN L. GRAHAM

PTD

04/13/2010

Electronic Signature of Signing Officer or Director

Date