

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000091559

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY & REHABILITATION ASSOCIATES INC.

**Current Principal Place of Business:**

141 SW 94TH TERRACE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

141 SW 94TH TERRACE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 20-0171752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BULLEN, ANTHONY J  
900 RIVER REACH DRIVE #110  
FORT LAUDERDALE, FL 33315 US

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

BULLEN, ANTHONY J  
831 SE 7TH AVENUE  
POMPANO BEACH, FL 33060 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

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BULLEN, ANTHONY J  
Address: 831 SE 7TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

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: ANTHONY BULLEN

D

04/30/2012

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

\_\_\_\_\_  
Date