

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093585

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: PEOPLES PHYSICAL THERAPY, INC.

## Current Principal Place of Business:

PEOPLES PHYSICAL THERAPY  
1322 OAK STREET  
MELBOURNE, FL 32901

## New Principal Place of Business:

PEOPLES PHYSICAL THERAPY  
494 N HARBOR CITY BLVD  
MELBOURNE, FL 32935

## Current Mailing Address:

PEOPLES PHYSICAL THERAPY  
1322 OAK STREET  
MELBOURNE, FL 32901

## New Mailing Address:

PEOPLES PHYSICAL THERAPY  
494 N HARBOR CITY BLVD  
MELBOURNE, FL 32935

FEI Number: 20-0180587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE, FL 32901 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: P ( ) Delete  
Name: PEOPLES, CHERYL L  
Address: 614 HUMMINGBIRD DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL L. PEOPLES

PRES

04/03/2009

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

\_\_\_\_\_  
Date