

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114993

FILED
Apr 02, 2009
Secretary of State

Entity Name: SCHWARZ PHYSICAL THERAPY SERVICES, INC.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

24231 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

20290 SIX LS FARM RD
ESTERO, FL 33928 US

New Mailing Address:

P.O.BOX 2123
LEHIGH ACRES, FL 33970 US

FEI Number: 54-2138443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARZ, PATRICIA K
20290 SIX LS FARM RD
ESTERO, FL 33928 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: DR. () Delete
Name: SCHWARZ, PATRICIA K
Address: 20290 SIX LS FARM RD
City-St-Zip: ESTERO, FL 33928

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: PATRICIA SCHWARZ

DR.

04/02/2009

Electronic Signature of Signing Officer or Director

Date