

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000016655

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** VICTORY PHYSICAL THERAPY AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

2141 BRADFORD ST.  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

130 PALMETTO LN.  
LARGO, FL 33770 US

**Current Mailing Address:**

2141 BRADFORD ST.  
CLEARWATER, FL 33760 US

**New Mailing Address:**

PO BOX 1442  
LARGO, FL 33779

**FEI Number:** 51-0494063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAZQUEZ, VICTOR  
2141 BRADFORD ST.  
CLEARWATER, FL 33760 US

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

VAZQUEZ, VICTOR  
130 PALMETTO LN  
LARGO, FL 33770 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

04/02/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: VAZQUEZ, VICTOR  
Address: 130 PALMETTO LN  
City-St-Zip: LARGO, FL 33770 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: VICTOR VAZQUEZ

PRES

04/02/2011

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

\_\_\_\_\_  
Date