

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086705

FILED
Feb 17, 2010
Secretary of State

Entity Name: ALLIED PHYSICAL THERAPY, P.A.

Current Principal Place of Business:

1261 VISCAYA PARKWAY
#102
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1261 VISCAYA PARKWAY
#102
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 20-1246400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKNESS, MATTHEW K
4431 NORTH ATLANTIC CIRCLE
NORTH FORT MYERS, FL 33903 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: PS
Name: HARKNESS, MATTHEW K PS
Address: 4431 NORTH ATLANTIC CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T
Name: HARKNESS, MELISSA A T
Address: 4431 NORTH ATLANTIC CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: MATTHEW HARKNESS

PRES

02/17/2010

Electronic Signature of Signing Officer or Director

Date