2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2011
Secretary of State

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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:

1413 VISCAYA PARKWAY
CAPE CORAL, FL 33990

Current Mailing Address:

1261 VISCAYA PARKWAY
#102
CAPE CORAL, FL 33990

New Mailing Address:

1413 VISCAYA PARKWAY
CAPE CORAL, FL 33990

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

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 PS 06/20/2011

Electronic Signature of Signing Officer or Director Date