

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103854

FILED
Apr 30, 2009
Secretary of State

Entity Name: O'NEAL PHYSICAL THERAPY SERVICES, INC.

Current Principal Place of Business:

3301 SW 34TH CIRCLE
SUITE 202
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3301 SW 34TH CIRCLE
SUITE 202
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-1375229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEAL, JENNIFER B
1915 SE 11TH STREET
OCALA, FL 34471 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: D () Delete
Name: O'NEAL, JENNIFER B
Address: 1915 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: O'NEAL, SEAN E
Address: 1915VSE 11TH STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: O'NEAL, SEAN E
Address: 1915 SE 11TH STREET
City-St-Zip: OCALA, FL 34471

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: JENNIFER B. O'NEAL

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date