

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126713

FILED
Apr 29, 2009
Secretary of State

Entity Name: PHYSICAL THERAPY OPTIONS, INC.

Current Principal Place of Business:

1790 EAST VENICE AVENUE
SUITE 102
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 330
VENICE, FL 34292 US

New Mailing Address:

PO BOX 7230
NORTH PORT, FL 34290 US

FEI Number: 20-1588113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, OCIEL E
1340 NEW FOREST LANE
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

TAMBLEY, HELBERTS
586 PINE RANCH EAST RD
OSPREY, FL 34229 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: HELBERTS TAMBLEY

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BETANCOURT, OCIEL E
Address: 1340 NEW FOREST LANE
City-St-Zip: OSPREY, FL 34229 US

Title: VP (X) Delete
Name: TAMBLEY, HELBERTS C
Address: 586 PINE RANCH EAST ROAD
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAMBLEY, HELBERTS
Address: 586 PINE RANCH EAST ROAD
City-St-Zip: OSPREY, FL 34229 US

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: HELBERTS TAMBLEY, PT

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date