

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020366

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** PHYSICAL THERAPY REHAB CENTER, P. A.

**Current Principal Place of Business:**

1900 N FLAMINGO RD  
SUITE A  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

2126 N FLAMINGO RD  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

1900 N FLAMINGO RD  
SUITE A  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

2126 N FLAMINGO RD  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 11-3742781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBERG, TODD  
1900 N FLAMINGO RD  
SUITE A  
PEMBROKE PINES, FL 33028 US

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

GOLDBERG, TODD  
2126 N FLAMINGO RD  
PEMBROKE PINES, FL 33028 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:** TODD GOLDBERG

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GOLDBERG, TODD  
**Address:** 19315 SW 24TH STREET  
**City-St-Zip:** MIRAMAR, FL 33029 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:** TODD GOLDBERG

P

03/09/2011

Electronic Signature of Signing Officer or Director

Date