

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138627

FILED
Apr 04, 2012
Secretary of State

Entity Name: ALLCARE PHYSICAL THERAPY, PA

Current Principal Place of Business:

6703 38TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6703 38TH AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 20-3586249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKART, KEVIN M
5301 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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: P
Name: CLIFFORD, RUSSELL J
Address: 3426 OVERLOOK DRIVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V
Name: HUGHES, GREG G
Address: 16115 4TH STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708

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: RUSS CLIFFORD

P

04/04/2012

Electronic Signature of Signing Officer or Director

Date