

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164310

FILED
Jun 26, 2009
Secretary of State

Entity Name: PREFERRED PHYSICAL THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

12265 ROCKLEDGE CIRCLE
BOCA RATON, FL 33428

New Principal Place of Business:

7600 W CAMINO REAL
102
BOCA RATON, FL 33433

Current Mailing Address:

12265 ROCKLEDGE CIRCLE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 22-3919188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITTER, GREGORY
5850 CORAL RIDGE ROAD
SUITE 201
CORAL SPRINGS, FL 33078 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: PD () Delete
Name: MEYEROWITZ, TREVOR
Address: 12265 ROCKLEDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: VPTD () Delete
Name: DEVINS, SHELDON R
Address: 12265 ROCKLEDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: VPD () Delete
Name: MEYEROWITZ, GABRIELLE
Address: 12265 ROCKLEDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: SD () Delete
Name: DEVINS, PAMELA D
Address: 12265 ROCKLEDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEYEROWITZ, TREVOR
Address: 7246 CARMEL COURT
City-St-Zip: BOCA RATON, FL 33433

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

Title: VPD (X) Change () Addition
Name: MEYEROWITZ, GABRIELLE
Address: 7246 CARMEL COURT
City-St-Zip: BOCA RATON, FL 33433

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: SHELDON DEVINS

VP

06/26/2009

Electronic Signature of Signing Officer or Director

Date