

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164310

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** PREFERRED PHYSICAL THERAPY ASSOCIATES, INC.

**Current Principal Place of Business:**

7600 W CAMINO REAL  
102  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**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  
**Name:** MEYEROWITZ, TREVOR  
**Address:** 7246 CARMEL COURT  
**City-St-Zip:** BOCA RATON, FL 33433

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

**Title:** VPD  
**Name:** MEYEROWITZ, GABRIELLE  
**Address:** 7246 CARMEL COURT  
**City-St-Zip:** BOCA RATON, FL 33433

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

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:** SHELDON DEVINS

VP

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date