

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037530

FILED
Apr 15, 2009
Secretary of State

Entity Name: JOVITO CASANO PHYSICAL THERAPY SERVICE, INC.

Current Principal Place of Business:

3202 HERON COVE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

3202 HERON COVE
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 03-0585881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANO, JOVITO
3202 HERON COVE
WINTER HAVEN, FL 33884 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: P () Delete
Name: CASANO, JOVITO
Address: 3202 HAVEN COVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST () Delete
Name: CASANO, CYNTHIA
Address: 3202 HAVEN COVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOVITO O.CASANO

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date