

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000045755

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** GOOD HAND PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

1646 W. RIVER DRIVE  
MARGATE, FL 33063 US

**New Principal Place of Business:**

7200 WEST COMMERCIAL BLVD.  
201  
LAUDERHILL, FL 33319 US

**Current Mailing Address:**

1646 W. RIVER DRIVE  
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number:** 20-4566889      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GARDNER, ZEB  
1646 W. RIVER DRIVE  
MARGATE, FL 33063 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: GARDNER, ZEB  
Address: 1646 W. RIVER DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: VP  
Name: SAFDIA, STEVE  
Address: 4825 NW 57TH LN  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP  
Name: WOLF, JR., JOHN S  
Address: 1700 SE 4TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: Z. GARDNER

P

05/04/2010

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

\_\_\_\_\_  
Date