

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000075862

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** STOFF PHYSICAL THERAPY, P.A.

**Current Principal Place of Business:**

283 SW NABBLE AVE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

283 SW NABBLE AVE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 20-4975066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIACHINO, FERNANDO M  
17 MARTIN LUTHER KING JR. BLVD.  
SUITE 200  
STUART, FL 34994 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,D  
**Name:** STOFF, MARK D  
**Address:** 283 SW NABLE AVE.  
**City-St-Zip:** PORT ST. LUCIE, FL 34953 US

**Title:** VP,S  
**Name:** STOFF, JULIE  
**Address:** 283 SW NABBLE AVE.  
**City-St-Zip:** PORT ST. LUCIE, FL 34953 US

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:** MARK D. STOFF

PRES

01/07/2010

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

\_\_\_\_\_  
Date