

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000077435

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** FIVE STAR PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

236 PONTE VEDRA PARK DRIVE  
300  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

236 PONTE VEDRA PARK DRIVE  
300  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 20-4986362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELDMAN, LARRY VP  
200 NORTH WIND CT.  
PONTE VEDRA BEACH, FL 32082 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: SERLO, MATTHEW  
Address: 472 HOPKINS ST  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP  
Name: FELDMAN, LARRY  
Address: 200 NORTH WIND CT.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LARRY FELDMAN

VP

01/31/2012

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

\_\_\_\_\_  
Date