

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090243

FILED
Apr 09, 2009
Secretary of State

Entity Name: SCHLOSSER PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1490 W. SILVER OAK DRIVE
AVON PARK, FL 33825

New Principal Place of Business:

1490 W. SILVER OAK DRIVE
AVON PARK, FL 33825 US

Current Mailing Address:

1490 W. SILVER OAK DRIVE
AVON PARK, FL 33825

New Mailing Address:

1490 W. SILVER OAK DRIVE
AVON PARK, FL 33825 US

FEI Number: 20-5339339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT E. LIVINGSTON, P.A.
445 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: PSTD () Delete
Name: SCHLOSSER, NICOLE M
Address: 1490 W. SILVER OAK DRIVE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NICOLE SCHLOSSER

PSTD

04/09/2009

Electronic Signature of Signing Officer or Director

Date