

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023999

FILED
Jan 07, 2011
Secretary of State

Entity Name: INTEGRATED PHYSICAL THERAPY INC.

Current Principal Place of Business:

21130 NE 19 AVENUE
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

2106 NE 123 STREET
NORTH MIAMI, FL 33181

Current Mailing Address:

21130 NE 19 AVENUE
N. MIAMI BEACH, FL 33179

New Mailing Address:

2106 NE 123 STREET
NORTH MIAMI, FL 33181

FEI Number: 20-8492292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, CRAIG
21130 NE 19 AVENUE
N. MIAMI BEACH, FL 33179 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: COHEN, CRAIG
Address: 21130 NE 19 AVENUE
City-St-Zip: N. MIAMI, FL 33179

Title: VP
Name: COHEN, RACHEL
Address: 21130 NE 19 AVENUE
City-St-Zip: N. MIAMI, FL 33179

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: CRAIG COHEN

P

01/07/2011

Electronic Signature of Signing Officer or Director

Date