

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045055

FILED
Apr 23, 2009
Secretary of State

Entity Name: ADVANCED PHYSICAL THERAPY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5036 SE 110 ST UNIT 101 & 102
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

303 SE 17TH ST #309-217
OCALA, FL 347714421

New Mailing Address:

BOX 141322946
SIOUX FALLS, SD 57186

FEI Number: 20-8813056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: HAMMOND, LESTER A III
Address: 401 NW 3RD AVENUE, SUITES 1 & 2
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HAMMOND, LESTER A III
Address: 303 SE 17 ST, #309-217
City-St-Zip: OCALA, FL 34471

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: LESTER HAMMOND III

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04/23/2009

Electronic Signature of Signing Officer or Director

Date