

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053995

FILED
Apr 20, 2009
Secretary of State

Entity Name: CENTER FOR PHYSICAL THERAPY OF S.H.M. INC

Current Principal Place of Business:

2049 LITTLE RD
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

2049 LITTLE RD
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 26-0250568 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUERIN, MARK
7286 CRYSTAL SPRING RUN
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

GUERIN, MARK
5651 ORANGE GROVE AVENUE
NEW PORT RICHEY,, FL 34652 US

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: _____ 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GUERIN, MARK
Address: 7286 CRYSTAL SPRING RUN
City-St-Zip: SPRING HILL, FL 34607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: GUERIN, MARK
Address: 5651 ORANGE GROVE AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34607 US

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: MARK ALLYN GUERIN PDST 04/20/2009
Electronic Signature of Signing Officer or Director Date