

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053995

FILED  
Feb 01, 2010  
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 (X)

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

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

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

GUERIN, MARK A P>T>  
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: MARK A. GUERIN P.T.

02/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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: MARK A. GUERIN P.T.

MR.

02/01/2010

Electronic Signature of Signing Officer or Director

Date