

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106933

FILED
Jan 25, 2011
Secretary of State

Entity Name: ALIGNMENT PHYSICAL THERAPY INC

Current Principal Place of Business:

1920 EAST HALLANDALE BEACH BLVD
700
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1920 EAST HALLANDALE BEACH BLVD
700
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 26-1133290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ARLENE
2120 NE 206 STREET
NORTH 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: CUSNIR, EDITH
Address: 160 NW 72 AVE
City-St-Zip: PLANTATION, FL 33317

Title: VP
Name: GOMEZ, ARLENE
Address: 2120 NE 206 STREET
City-St-Zip: NORTH MIAMI BEACH, 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: ARLENE GOMEZ

VP

01/25/2011

Electronic Signature of Signing Officer or Director

Date