

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000115624

**Entity Name:** C.J. PHYSICAL THERAPY, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

545 SANCTUARY DRIVE A702  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2741  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 26-1315793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAHL, CHRISTINA  
545 SANCTUARY DRIVE A702  
LONGBOAT KEY, FL 34228 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: DPST  
Name: WAHL, CHRISTINA  
Address: 545 SANCTUARY DRIVE A702  
City-St-Zip: LONGBOAT KEY, FL 34228

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: CHRISTINA WAHL

DPST

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date