

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019277

FILED
Apr 13, 2009
Secretary of State

Entity Name: PHYSICAL THERAPY ASSOCIATES OF PERRY, P.A.

Current Principal Place of Business:

427 N. ELLISON ROAD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

427 N. ELLISON ROAD
PERRY, FL 32347

New Mailing Address:

FEI Number: 26-2017450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, STEPHEN P
427 N. ELLISON ROAD
PERRY, FL 32347 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: D () Delete
Name: MURPHY, STEPHEN P
Address: 427 N. ELLISON ROAD
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: LYNN, ROBERT M
Address: P.O. BOX 965
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT M. LYNN

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date