

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019277

FILED
Apr 13, 2012
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

OFFICERS AND DIRECTORS:

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

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

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: ROBERT M. LYNN

D

04/13/2012

Electronic Signature of Signing Officer or Director

Date