

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046760

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** MAJOR PHYSICAL THERAPY INC.

**Current Principal Place of Business:**

4895 WINDWARD PASSAGE DRIVE  
#3  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

15770 VIANA WINDS POINT  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 26-2585420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HECKER, MARC  
15770 VIANA WINDS POINT  
DELRAY BEACH, FL 33446 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: PD  
Name: HECKER, MARC  
Address: 15770 VIANA WINDS POINT  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPS  
Name: HECKER, CHERYL  
Address: 15770 VIANA WINDS POINT  
City-St-Zip: DELRAY BEACH, FL 33446

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: MARC HECKER

PD

04/28/2011

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

\_\_\_\_\_ Date