2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2011
Secretary of State

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Entity Name: PHYSICAL THERAPY INSTITUTE AND AQUATIC REHAB INC

Current Principal Place of Business:

7171 N.UNIVERSITY DR.
SUITE 100
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

2651 IRMA LAKE DR
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 80-0299947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPA, JOHN
2651 IRMA LAKE DR
WEST PALM BEACH, FL 33411 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: PSTD
Name: PAPA, JOHN
Address: 2651 IRMA LAKE DR
City-St-Zip: WEST PALM BEACH, FL 33411

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: JOHN PAPA D.C. 01/22/2011

Electronic Signature of Signing Officer or Director Date