# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2012**
**Secretary of State**

DOCUMENT# P09000018545

**Entity Name:** LYMPHEDEMA & PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

7353 SMITHBROOKE DRIVE
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

7558 OAK GROOVE CIRCLE
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

7353 SMITHBROOKE DRIVE
LAKE WORTH, FL 33467 US

**New Mailing Address:**

7558 OAK GROOVE CIRCLE
LAKE WORTH, FL 33467 US

**FEI Number: 26-4362037** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VITOULIS, ED
541 ST MICHELLE WAY
MARGATE, FL 33068 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: P
Name: CONNOR, AMBER M
Address: 7558 OAK GROOVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

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: AMBER M CONNOR P 04/23/2012

Electronic Signature of Signing Officer or Director Date