

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000068254

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

**Entity Name:** PREMIER THERAPY ASSOCIATES INC

**Current Principal Place of Business:**

19489 ESTUARY DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

19489 ESTUARY DRIVE  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 27-0746042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEARMAN, MERRILL  
19489 ESTUARY DRIVE  
BOCA RATON, FL 33498 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: DP  
Name: NEARMAN, MERRILL  
Address: 19489 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: DVP  
Name: EPSTEIN, JODI  
Address: 5815 VIA DE LA PLATA CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

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: JODI EPSTEIN

VP

04/28/2011

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

\_\_\_\_\_  
Date