2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# P09000099487

Entity Name: ELITE PHYSICAL THERAPY & REHAB, INC.

Current Principal Place of Business:

4166 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

18350 MURDOCK CIRCLE
SUITE 102
PORT CHARLOTTE, FL 33948 US

Current Mailing Address:

PO BOX 494857
PORT CHARLOTTE, FL 33949 US

New Mailing Address:

FEI Number: 27-1461478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, DANIEL A
4166 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 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, D
Name: MUPPAVARAPU, RAJAKUMARI
Address: PO BOX 494857
City-St-Zip: PORT CHARLOTTE, FL 33949 US

Title: S, T
Name: MUPPAVARAPU, RAJAKUMARI
Address: PO BOX 494857
City-St-Zip: PORT CHARLOTTE, FL 33949 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: RAJAKUMARI MUPPAVARAPU PD 01/18/2011

Electronic Signature of Signing Officer or Director Date