

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000039483

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** SARASOTA ORTHOPEDIC & SPORTS THERAPY, PA

**Current Principal Place of Business:**

5294 VISIONARY CT  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5294 VISIONARY CT  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 27-2516728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOUSA, ALFRED F  
5294 VISIONARY CT  
SARASOTA, FL 34233 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: MOUSA, ALFRED F  
Address: 5294 VISIONARY CT  
City-St-Zip: SARASOTA, FL 34233

Title: VP  
Name: MAHROUS, SAMUEL  
Address: 5294 VISIONARY CT  
City-St-Zip: SARASOTA, FL 34233

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: ALFRED MOUSA

P

02/19/2011

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

\_\_\_\_\_ Date