

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075837

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** DELRAY PHYSICAL THERAPY, P.A.

**Current Principal Place of Business:**

1911 SOUTH FEDERAL HWY, SUITE 400  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1911 SOUTH FEDERAL HWY, SUITE 400  
DELRAY BEACH, FL 33483

**New Mailing Address:**

PO BOX 480427  
DELRAY BEACH, FL 33448

**FEI Number:** 27-3483854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST, 4TH FL  
MIAMI, FL 33145 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: PSD  
Name: GOODMAN, JAN  
Address: 1911 SOUTH FEDERAL HWY, SUITE 400  
City-St-Zip: DELRAY BEACH, FL 33483

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: JAN GOODMAN

PRES

04/20/2011

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

\_\_\_\_\_  
Date