

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000079243

Entity Name: JC PHYSICAL THERAPY, INC

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3900 NW 79 AVE  
807  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

3900 NW 79 AVE  
807  
DORAL, FL 33166

**New Mailing Address:**

FEI Number: 27-3572095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MICHELL, RAVON  
7585 SW 152 AVE  
MIAMI, FL 33193 US

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

MARTIN, ALEXANDER  
3900 NW 79 AVE  
807  
DORAL, FL 33166 US

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: ALEXANDER MARTIN

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: MICHELL, PAVONI  
Address: 7585 SW 152 AVE  
City-St-Zip: MIAMI, FL 33193

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: MICHELL PAVONI

PDT

02/09/2011

Electronic Signature of Signing Officer or Director

Date