

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000088372

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ACHIEVE PHYSICAL THERAPY SERVICES, INC.

**Current Principal Place of Business:**

3626 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

101 20TH STREET  
BELLEAIR BEACH, FL, 33786

**New Mailing Address:**

101 20TH STREET  
BELLEAIR BEACH, FL 33786

**FEI Number:** 32-0322555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHYSICAL THERAPY& REHAB SERVICES, INC  
101 20TH STREET  
BELLEAIR BEACH,FL, FL 33786 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: LABIB, WAEL SR  
Address: 101 20TH STREET  
City-St-Zip: BELLEAIR BEACH, FL 33786

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: WAEL LABIB

P

02/17/2011

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

\_\_\_\_\_  
Date