

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000094529

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

**Entity Name:** PHYSICAL THERAPY ASSOCIATES OF FLORIDA INC

**Current Principal Place of Business:**

722 BOWING OAK DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1427  
BRANDON, FL 335091427

**New Mailing Address:**

**FEI Number:** 27-3935021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SIDHOM, GEORGE S  
26091 MOUNTAIN LAKE DRIVE  
BROOKSVILLE, FL 34602 US

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

SIDHOM, JEAN M  
26091 MOUNTAIN LAKE DRIVE  
BROOKSVILLE, FL 34602 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: JEAN M SIDHOM

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SIDHOM, JEAN M  
Address: 26091 MOUNTAIN LAKE DRIVE  
City-St-Zip: BROOKSVILLE, FL 34602

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: JEAN M SIDHOM

PRES

01/17/2011

Electronic Signature of Signing Officer or Director

Date