

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026064

**FILED**  
**Jul 20, 2012**  
**Secretary of State**

**Entity Name:** AGEWELL SOUTH PHYSICAL THERAPY AND WELLNESS, P.A.

**Current Principal Place of Business:**

1999 MARCUS AVENUE, SUITE M15  
LAKE SUCCESS, NY 11042

**New Principal Place of Business:**

5180 WEST ATLANTIC AVE  
112  
LAKE SUCCESS, NY 11042

**Current Mailing Address:**

1999 MARCUS AVENUE, SUITE M15  
LAKE SUCCESS, NY 11042

**New Mailing Address:**

5180 WEST ATLANTIC AVE  
SUITE 112  
LAKE SUCCESS, NY 11042

**FEI Number:** 45-0677895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD., STE 1500 (DAG)  
MIAMI, FL 33131 US

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

HERBRICH, MARK A  
5180 WEST ATLANTIC AVE  
SUITE 112  
DELRAY BEACH, FL 33484 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: MARK HERBRICH

07/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: HERBRICH, MARK A  
Address: 5180 WEST ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: MR.  
Name: DRAGAN, JOHN J  
Address: 5180 WEST ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33484

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: MARK HERBRICH

CEO

07/20/2012

Electronic Signature of Signing Officer or Director

Date