

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000049285

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

**Entity Name:** FAITH HOPE & LOVE PHYSICAL THERAPY INC

**Current Principal Place of Business:**

4121 NW 1ST COURT  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4121 NW 1ST COURT  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 45-2394215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROYALE MANAGEMENT SERVICES INC.  
2319 N ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311 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: PD  
Name: GRANJE, ANN  
Address: 4121 NW 1ST COURT  
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD  
Name: DE CONINCK, ALEX  
Address: 4121 NW 1ST COURT  
City-St-Zip: DELRAY BEACH, FL 33445

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: ANNE GRANJE

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03/20/2012

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

\_\_\_\_\_  
Date