

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000039121

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY ASSOCIATES OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

9800 W ATLANTIC BLVD  
COARL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

934 N UNIVERSITY BLVD  
#204  
COARL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 65-0415839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEIDNER, DAVID M  
934 N UNIVERSITY DRIVE #204  
CORAL SPRINGS, FL 33071 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: DR.  
Name: SEIDNER, DAVID M  
Address: 934 UNIVERSITY DR SUITE 204  
City-St-Zip: CORAL SPRINGS, FL 33071

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: DAVID SEIDNER, P.T., D.C., P.A.

PRES

01/06/2012

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

\_\_\_\_\_  
Date