

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049804

FILED
Apr 01, 2010
Secretary of State

Entity Name: PROFESSIONAL TOUCH REHAB, INC.

Current Principal Place of Business:

C/O ELIZABETH A. FABRIZIO
2150 LAKE IDA RD., SUITE 6
DELRAY BEACH, FL 334452443

New Principal Place of Business:

4733 W ATLANTIC AVE
C15
DELRAY BEACH, FL 33445

Current Mailing Address:

C/O ELIZABETH A. FABRIZIO
700 EAST BOYNTON BEACH BLVD. UNIT 1109
BOYNTON BEACH, FL 33435

New Mailing Address:

4733 W ATLANTIC AVE
C15
DELRAY BEACH, FL 33445

FEI Number: 65-0425112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FABRIZIO, ELIZABETH A
2150 LAKE IDA ROAD
SUITE 6
DELRAY BEACH, FL 334452443 US

Name and Address of New Registered Agent:

KLU DT, PAUL
4733 W ATLANTIC AVE
C15
DELRAY BEACH, FL 33445 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: PAUL KLU DT

04/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: KLU DT, PAUL
Address: 4733 W ATLANTIC AVE C15
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: PAUL KLU DT

P

04/01/2010

Electronic Signature of Signing Officer or Director

Date