

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000049804

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL TOUCH REHAB, INC.

**Current Principal Place of Business:**

4733 W ATLANTIC AVE  
C15  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4733 W ATLANTIC AVE  
C15  
DELRAY BEACH, FL 33445

**New Mailing Address:**

1111 HYPOLUXO ROAD  
107  
LANTANA, FL 33462 US

**FEI Number:** 65-0425112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLUDT, PAUL  
4733 W ATLANTIC AVE  
C15  
DELRAY BEACH, FL 33445 US

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

NEMEROFSKY, STEPHEN  
1111 HYPOLUXO ROAD  
107  
LANTANA, FL 33462 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:** STEPHEN L. NEMEROFSKY

03/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NEMEROFSKY, TRACY A  
**Address:** 1111 HYPOLUXO ROAD, #107  
**City-St-Zip:** LANTANA, FL 33462 US

**Title:** VP  
**Name:** NEMEROFSKY, STEPHEN L  
**Address:** 1111 HYPOLUXO ROAD, #107  
**City-St-Zip:** LANTANA, FL 33462 US

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:** STEPHEN L. NEMEROFSKY

VP

03/11/2011

Electronic Signature of Signing Officer or Director

Date