

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002781

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Entity Name:** CRISAN PHYSIOTHERAPY AND SPORTS MEDICINE CENTER P.A.

**Current Principal Place of Business:**

1500 JOY RD  
DELRAY BEACH, FL 334826573

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6573  
DELRAY BEACH, FL 334826573

**New Mailing Address:**

**FEI Number:** 65-0458978      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CRISAN, OLIVER  
15200 JOG RD  
DELRAY BEACH, FL 33446      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** CRISAN, OLIVER  
**Address:** 1500 JOY RD STE C-4  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** ST  
**Name:** CRISAN, OLIVER  
**Address:** 15200 JOY RD STE C-4  
**City-St-Zip:** DELRAY BEACH, FL 33446

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: OLIVER CRISAN

PRES

03/04/2010

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

\_\_\_\_\_ Date