

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013370

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED PHYSICAL THERAPY OF VENICE, INC.

**Current Principal Place of Business:**

1232 JACARANDA BLVD.  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

1232 JACARANDA BLVD.  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 65-0557061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALICA-DEVINE, KATHLEEN  
1232 JACARANDA BLVD.  
VENICE, FL 34292 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: D  
Name: GALICA-DEVINE, KATHLEEN  
Address: 7338 PERIWINKLE DRIVE  
City-St-Zip: SARASOTA, FL 34231

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: KATHLEEN GALICA DEVINE

D

04/11/2012

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

\_\_\_\_\_  
Date