

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034386

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** PONTE VEDRA PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

880 A1A N  
SUITE 18A  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48116  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**FEI Number:** 59-3308813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKS, JEFFREY C  
880 A1A NORTH  
SUITE 18A  
PONTE VEDRA BEACH, FL 32082 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:** D  
**Name:** PARKS, JEFFREY C.  
**Address:** 1304 16TH AVENUE N  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** VP  
**Name:** HOGAN, KELLY R  
**Address:** 1241 RIVIERA LANE S  
**City-St-Zip:** JACKSONVILLE, FL 32216

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:** KELLY R. HOGAN

VP

02/26/2010

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

\_\_\_\_\_  
Date