

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065170

FILED  
Aug 14, 2009  
Secretary of State

Entity Name: PHYSICAL THERAPY AND REHABILITATION MANAGEMENT, INC.

**Current Principal Place of Business:**

601 N CONGRESS AVE  
SUITE 417  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 N CONGRESS AVE  
SUITE 417  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 65-0601400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GLANTZ, LLOYD  
C/O 601 N CONGRESS AVE  
SUITE 417  
DELRAY BEACH, FL 33445 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SALEHI, HAMID  
Address: 8801 JOHNSON ST  
City-St-Zip: PEMBROKE PINES, FL

Title: VTD ( ) Delete  
Name: STANGER, JEFFREY  
Address: 4560 NW 24TH WAY  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAMID SALEHI

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08/14/2009

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

\_\_\_\_\_ Date