

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000089063

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: FLORIDA HAND THERAPY AND REHABILITATION, INC.

## Current Principal Place of Business:

2734 POLK STREET  
SUITE 5  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

## Current Mailing Address:

2734 POLK STREET  
SUITE 5  
HOLLYWOOD, FL 33020

## New Mailing Address:

FEI Number: 65-0595847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRICE, DIANA  
2734 POLK STREET  
SUITE 5  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

PRICE, DIANA PD  
2734 POLK STREET  
SUITE 5  
HOLLYWOOD, FL 33020 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: DIANA PRICE

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRICE, DIANA  
Address: 2734 POLK STREET, SUITE 5  
City-St-Zip: HOLLYWOOD, FL 33020

Title: V ( ) Delete  
Name: PRICE, THOMAS  
Address: 2734 POLK STREET, SUITE 5  
City-St-Zip: HOLLYWOOD, FL 33020

## 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: DIANA PRICE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date