

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019153

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** HOLMES PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

3410 LOWSON BLVD  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

3410 LOWSON BLVD  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 65-0651490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKER, LARRY J  
5577 GUN CLUB ROAD  
WEST PALM BEACH, FL 33406 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: PRES  
Name: HOLMES, JEAN E  
Address: 3410 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL 334455641 US

Title: D  
Name: HOLMES, LUCIEN  
Address: 3410 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL 334455641 US

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: JEAN E. HOLMES

PRES

01/09/2010

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

\_\_\_\_\_ Date