2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040348

Address:

City-St-Zip:

25727 NE SR 26

MELROSE, FL 32666

FILED Jul 01, 2009 Secretary of State

Entity Na	me: LAKE A	REA PHYSICAL THERAPY, INC	O.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	/ 26 AND CEN E, FL 32666	NTER COURT					
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX MELROSE	1099 E, FL 32666	US					
FEI Number	: 59-3378279	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
HODGES 25727 NE MELROSE		US					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or	both,	
SIGNATU	RE:						
	Electro	onic Signature of Registered Ag	ent		Date		
		93(2)(b), F.S., the corporation did n	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (HODGES, LAI 25727 NE SR MELROSE, F	26	Title: Name: Address: City-St-Zip:	P, S HODGES, LA 25727 NE SF MELROSE, F	₹ 26		
Title: Name:	D (HODGES, LAI) Delete JRA	Title: Name:		() Change () Addition		

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: LAURA HODGES **PRES** 07/01/2009