2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P96000040348

Entity Name: LAKE AREA PHYSICAL THERAPY, INC.

Current Principal Place of Business:

HIGHWAY 26 AND CENTER COURT
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1099
MELROSE, FL 32666 US

New Mailing Address:

FEI Number: 59-3378279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, LAURA
25727 NE SR 26
MELROSE, FL 32666 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

OFFICERS AND DIRECTORS:

Title: P, S
Name: HODGES, LAURA
Address: 25727 NE SR 26
City-St-Zip: MELROSE, FL 32666

Title: D
Name: HODGES, LAURA
Address: 25727 NE SR 26
City-St-Zip: MELROSE, FL 32666

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: LAURA HODGES PRES 04/25/2011

Electronic Signature of Signing Officer or Director Date