2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2011
Secretary of State

DOCUMENT# P96000050378

Entity Name: BURKE COLLINS THERAPY, INC.

Current Principal Place of Business:

102 SOUTH FRANKLINS ST.
TAMPA, FL 33602 US

New Principal Place of Business:

102 SOUTH FRANKLIN ST.
TAMPA, FL 33602 US

Current Mailing Address:

P.O. BOX 3147
TAMPA, FL 336013147 US

New Mailing Address:

FEI Number: 59-3396831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACK TO WORK PHYSICAL THERAPY
102 S. FRANKLIN STREET
TAMPA, FL 336013147 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: PD
Name: COLLINS, CARLETON B
Address: PO BOX 3147
City-St-Zip: TAMPA, FL 33601

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: BURKE COLLINS OWNE 02/26/2011

Electronic Signature of Signing Officer or Director Date