

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048664

FILED
Apr 24, 2011
Secretary of State

Entity Name: BAYLIFE PHYSICAL THERAPY & REHABILITATION, INC.

Current Principal Place of Business:

8950 DR.MLK JR. STREET NORTH
SUITE 101
SAINT PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

8950 DR.MLK JR. STREET NORTH
SUITE 101
SAINT PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3449934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALDER, LYNNE ESQ
777 SOUTH HARBOUR ISLAND BLVD
SUITE 128
TAMPA, FL 33602 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
Name: MORGAN, FLOYD
Address: 8950 DR. MLK JR. STREET NORTH SUITE 101
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: V
Name: MORGAN, DIANA
Address: 8950 DR. MLK JR. STREET NORTH SUITE 101
City-St-Zip: SAINT PETERSBURG, FL 33702

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: DIANA MORGAN

V

04/24/2011

Electronic Signature of Signing Officer or Director

Date