

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078683

FILED
Mar 16, 2009
Secretary of State

Entity Name: PHYSIO-MED PHYSICAL THERAPY, INC.

Current Principal Place of Business:

P.O. BOX 96
MOUNT DORA, FL 32757 US

New Principal Place of Business:

443 PLAZA DRIVE
EUSTIS, FL 32726 US

Current Mailing Address:

P.O. BOX 96
MOUNT DORA, FL 32757 US

New Mailing Address:

P.O. BOX 96
MOUNT DORA, FL 32757

FEI Number: 59-3480007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZWART, HAROLD
3281 SUNSET VALLEY CT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

PURCELL, CHERYL CPA
12842 FORESTEDGE CIRCLE
ORLANDO, FL 32828 US

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: C. PURCELL, CPA

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZWART, HARM
Address: 3281 SUNSET VALLEY CT
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: TEPASKE, PIETER
Address: 3302 SUNSET RIDGE CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ZWART, HARM PRES
Address: 3281 SUNSET VALLEY CT
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change () Addition
Name: TEPASKE, PIETER H VP
Address: 3302 SUNSET RIDGE CT
City-St-Zip: LONGWOOD, FL 32779

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: H. ZWART

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date