

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078683

FILED
Jan 22, 2011
Secretary of State

Entity Name: PHYSIO-MED PHYSICAL THERAPY, INC.

Current Principal Place of Business:

443 PLAZA DRIVE
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 96
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3480007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEPASKE, PIETER H
443 PLAZA DRIVE
EUSTIS, FL 32726 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: PRES
Name: ZWART, HARM PRES
Address: 1180 SPRING CENTRE SOUTH BLVD STE 360
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP
Name: TEPASKE, PIETER H VP
Address: 443 PLAZA DRIVE
City-St-Zip: EUSTIS, FL 32726

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: PIETER TEPASKE

VP

01/22/2011

Electronic Signature of Signing Officer or Director

Date