

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000091243

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY INTERNET, P.A.

**Current Principal Place of Business:**

7993 STEEPLECHASE CT  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

14350 SW KANNER HWY  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O. BOX 448  
OKEECHOBEE, FL 34973

**New Mailing Address:**

14350 SW KANNER HWY  
INDIANTOWN, FL 34956

**FEI Number:** 65-0805926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOORUDDIN, MUHAMMAD  
7993 STEEPLECHASE CT  
PORT SAINT LUCIE, FL 34986 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** NOORUDDIN, MUHAMMAD  
**Address:** 7993 STEEPLECHASE CT.  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

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:** MUHAMMAD NOORUDDIN

P

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date