2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P98000096276

Entity Name: JOHN GOETZE PHYSICAL THERAPY INC.

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD
SUITE 504
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8847
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 59-3539280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOETZE, JOHN J
2273 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

GOETZE, JOHN J
2273 STOCKTON DRIVE
FLEMING ISLAND, FL 32003 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: 04/01/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOETZE, JOHN J
Address: 2273 STOCKTON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GOETZE, JOHN J
Address: 2273 STOCKTON DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

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: JOHN J. GOETZE OWNE 04/01/2009
Electronic Signature of Signing Officer or Director — Date