

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096276

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**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  
FLEMING ISLAND, FL 32003 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: D  
Name: GOETZE, JOHN J  
Address: 2273 STOCKTON DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

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: JOHN GOETZE

D

01/25/2010

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

\_\_\_\_\_ Date