

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003230

Entity Name: JENSEN PHYSICAL THERAPY, INC.

FILED
Jun 11, 2009
Secretary of State

Current Principal Place of Business:

702 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

702 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0896407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMPSON, CRAIG
2101 S.E. HERRON AVE.
PORT ST.LUCIE, FL 34952 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAMPSON, CRAIG
Address: 2101 SE HERRON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: D () Delete
Name: DARRESS, LEILA
Address: 4755 26TH STREET
City-St-Zip: VERO BEACH, FL 32966 US

Title: D () Delete
Name: HASELL, GLENN C
Address: 2646 SW MAPP ROAD, STE. 204
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG SAMPSON

PRES

06/11/2009

Electronic Signature of Signing Officer or Director

Date