

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000038494

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTH PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

839 NW 81ST TERRACE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

839 NW 81ST TERRACE  
PLANTATION, FL 33324

**New Mailing Address:**

P.O. BOX 16073  
PLANTATION, FL 33318

**FEI Number:** 65-0923045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

D'AMBROSIO, DANIELE  
839 NW 81ST TERRACE  
PLANTATION, FL 33324 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: D'AMBROSIO, DANIELE  
Address: 834 NW 81ST TERR  
City-St-Zip: PLANTATION, FL 33324

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:** DANIELE D'AMBROSIO

PRES

02/18/2010

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

\_\_\_\_\_  
Date