

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000038494

**FILED**  
**Feb 01, 2011**  
**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:**

966 NAUTILUS ISLE  
DANIA BEACH, FL 33004

**Current Mailing Address:**

P.O. BOX 16073  
PLANTATION, FL 33318

**New Mailing Address:**

**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:**

D'AMBROSIO, DANIELE  
966 NAUTILUS ISLE  
DANIA BEACH, FL 33004 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/01/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: D'AMBROSIO, DANIELE  
Address: 966 NAUTILUS ISLE  
City-St-Zip: DANIA BEACH, FL 33004

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

P

02/01/2011

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

\_\_\_\_\_  
Date