2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063559

FILED Apr 12, 2011 Secretary of State

Entity Name: SOUTHWEST PHYSICAL THERAPY AND REHABILITATION, INC.

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|---|---------------------------------|------------------------------------|--------------------------------------|--|
| 4161 TAMIAMI TRAIL SUITE 304 PORT CHARLOTTE, FL | 33952 | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 4161 TAMIAMI TRAIL SUITE 304 PORT CHARLOTTE, FL | 33952 | | | |
| FEI Number: 65-0937088 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| LATHERS, JULITA E 4161 TAMIAMI TRAIL SUITE 304 PORT CHARLOTTE, FL | 33952 US | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electroni | c Signature of Registered Age | ent | Date | |
| | | | | |
| OFFICERS AND DIRECT | ORS: | | | |

Title:

Name: LATHERS, JULITA E 4300 POINT CT Address:

City-St-Zip: PORT CHARLOTTE, FL 33948

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: JULITA E. LATHERS D 04/12/2011