2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064883

Entity Name: BAY AREA PHYSICAL THERAPY, P.A.

FILED Mar 20, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
3637 CORTEZ ROAD WEST				3637 CORTEZ ROAD WEST	
SUITE 10 BRADENTON, FL 34210				SUITE 103 BRADENTON, FL 34210	
Current M	ailing Addres	ss:	New Mailing Addres	New Mailing Address:	
3637 CORTEZ ROAD WEST				3637 CORTEZ ROAD WEST	
SUITE 10 BRADENTON, FL 34210			SUITE 103 BRADENTON, FL 34	BRADENTON, FL 34210	
FEI Number:	65-0930863	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
1111 3RD.	CICHARD G ES AVENUE WE ON, FL 3420	ST			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (GUEVIN, MICH 5011 ARLINGT PALMETTO, FI	ON ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MICHELLE GUEVIN D 03/20/2009