

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000101152

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** TOM SEGAL PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

9045 LA FONTANA BLVD.  
SUITE 113  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

9045 LA FONTANA BLVD.  
SUITE 113  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 65-0962069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEGAL, TOM J  
9045 LA FONTANA BLVD.,  
SUITE 113  
BOCA RATON, FL 33434 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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: SEGAL, TOM J  
Address: 9045 LA FONTANA BLVD 113  
City-St-Zip: BOCA RATON, FL 33434

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: TOM SEGAL

PTSD

02/17/2011

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

\_\_\_\_\_  
Date