

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000101655

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** PROGRESSIVE PHYSICAL THERAPY SERVICE, INC.

**Current Principal Place of Business:**

17751 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

20412 WINGATE AVE.  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

**FEI Number:** 65-0970368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOFFIN, WAYNE A  
20412 WINGATE AVE.  
PT. CHARLOTTE, FL 33954 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: D  
Name: GOFFIN, WAYNE A  
Address: 20412 WINGATE AVE.  
City-St-Zip: PT. CHARLOTTE, FL 33954

Title: D  
Name: GOFFIN, BARBARA  
Address: 20412 WINGATE AVE.  
City-St-Zip: PT. CHARLOTTE, FL 33954

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: WAYNE A GOFFIN

D

03/01/2011

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

\_\_\_\_\_  
Date