

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S59063

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PEDIATRIC THERAPY ASSOCIATES, INC.

**Current Principal Place of Business:**

405 S. SEMINOLE AVE  
MINNEOLA, FL 34715 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 120547  
CLERMONT, FL 34712 US

**New Mailing Address:**

**FEI Number:** 59-3073365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHARES, RENEE  
CENTRAL FL PEDIATRIC THERAPY  
405 S. SEMINOLE AVE  
MINNEOLA, FL 34715 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: P  
Name: GOMES, AMY J.  
Address: 15051 GREEN VALLEY BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: V  
Name: PHARES, RENEE D.  
Address: 17355 CORK ST.  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: S  
Name: PHARES, RENEE D  
Address: 17355 CORK STREET  
City-St-Zip: WINTER GARDEN, FL 34787 US

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: AMY J GOMES

PRES

01/11/2011

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

\_\_\_\_\_  
Date