

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62676

FILED
Mar 24, 2009
Secretary of State

Entity Name: SOUTH PALM PHYSICAL THERAPY SERVICES, INC.

Current Principal Place of Business:

6642 N.W. 25TH CT.
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

6642 N.W. 25TH CT.
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0269834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLZ, CHARLES
6741 NW 23RD WAY
BOCA RATON, FL 33496 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOVARNICK, MICHAEL P, .
Address: 6642 N.W. 25TH CT.
City-St-Zip: BOCA RATON, FL

Title: T () Delete
Name: BOVARNICK, JEFFREY
Address: 1-1TH CAVALRY CT
City-St-Zip: FORT LEAVENWORTH, KS 660271121

Title: HR () Delete
Name: BOVARNICK, MARIE
Address: 6642 NW 25TH CT.
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL P BOVARNICK

DIRE

03/24/2009

Electronic Signature of Signing Officer or Director

Date