

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62676

FILED  
Jan 07, 2011  
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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BOVARNICK, MICHAEL P.  
**Address:** 6642 N.W. 25TH CT.  
**City-St-Zip:** BOCA RATON, FL 33496 US

**Title:** T  
**Name:** BOVARNICK, JEFFREY  
**Address:** 1695 EMPRESS PL  
**City-St-Zip:** CHARLOTTESVILLE, VA 22911 US

**Title:** HR  
**Name:** BOVARNICK, MARIE  
**Address:** 6642 NW 25TH CT.  
**City-St-Zip:** BOCA RATON, FL 33496 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:** MICHAEL P BOVARNICK

D

01/07/2011

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

\_\_\_\_\_  
Date