2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# S83637

Entity Name: PHYSICAL THERAPY PROVIDER NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

4800 LINTON BLVD.
ST F117
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BLVD.
STE F117
DELRAY BEACH, FL 33445 US

New Mailing Address:

4800 LINTON BLVD.
ST F117
DELRAY BEACH, FL 33445 US

FEI Number: 65-0295422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZANE, LINDA J.
4800 LINTON BLVD.
ST F117
DELRAY BEACH, FL 33445 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: PD ( ) Delete
Name: ZANE, LINDA J,
Address: 4800 LINTON BLVD. STE F117
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD ( ) Delete
Name: FIEBERT, IRA M,
Address: 8297 BRIDLE PATH
City-St-Zip: BOCA RATON, FL 33496

Title: SVPD ( ) Delete
Name: PAHL, CRAIG H,
Address: 6280 SUNSET DR #606
City-St-Zip: MIAMI, FL

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: LINDA J. ZANE, PT, MPA MS. 03/22/2009
Electronic Signature of Signing Officer or Director Date