2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2012
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.
ST F117
DELRAY BEACH, FL 33445 US

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

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

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

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

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: LINDA J ZANE PRES 01/08/2012

Electronic Signature of Signing Officer or Director Date