2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

DOCUMENT# V37651

Entity Name: FARESE PHYSICAL THERAPY CENTER, INC.

Current Principal Place of Business:

735 ARLINGTON AVE. N.
SUITE 103
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

735 ARLINGTON AVE. N.
SUITE 103
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3123183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARESE, JOHN G SR.
735 ARLINGTON AVE. N.
SUITE 103
ST. PETERSBURG, FL 33701 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: FARESE, JOHN
Address: 735 ARLINGTON AVE. N.
City-St-Zip: ST.PETERSBURG, FL 33701

Title: DVS
Name: FARESE, PATRICIA L.
Address: 735 ARLINGTON AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33701

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: JOHN FARESE PRES 01/12/2012

Electronic Signature of Signing Officer or Director — Date