

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55089

FILED
Apr 26, 2011
Secretary of State

Entity Name: ADVANCED PHYSICAL THERAPY, INC.

Current Principal Place of Business:

6050 BABCOCK STREET
SUITE 5
PALM BAY, FL 32909 US

New Principal Place of Business:

Current Mailing Address:

6050 BABCOCK STREET
SUITE 5
PALM BAY, FL 32909 US

New Mailing Address:

FEI Number: 59-3135926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANEY, GLEN E.
202 N HARBOR CITY BLVD
STE 300
MELBOURNE, FL 32935 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: V
Name: WILLS, BRUCE R.
Address: 972 WHISPEROAK DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: PST
Name: HAKKILA, CAROL J.
Address: 3901 DIXIE HWY NE #204
City-St-Zip: PALM BAY, FL 32905

Title: VP
Name: HAKKILA, EDWARD F.
Address: 3901 DIXIE HWY NE #204
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: HAKKILA-WILLS, JEANNE M
Address: 972 WHISPEROAK DR
City-St-Zip: MELBOURNE, FL 32901

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: CAROL J. HAKKILA

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date