

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69460

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** LAKE WORTH PHYSICAL THERAPY CORPORATION

**Current Principal Place of Business:**

3400 JOG RD.  
GREENACRES, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

3400 JOG RD.  
CORWEBCUS  
GREENACRES, FL 33467

**New Mailing Address:**

FEI Number: 65-0358559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SISON, NOEL S OWNER  
3400 JOG RD.  
GREENACRES, FL 33467 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: PS  
Name: SISON, NOEL S RPT  
Address: 3400 JOG RD.  
City-St-Zip: GREENACRES, FL 33467

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: NOEL S. SISON

PS

03/17/2011

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

\_\_\_\_\_ Date