

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01387

Entity Name: PHYSICAL THERAPY ASSOCIATES, P.A. IRA M. FIEBERT,
PH.D., P.T. CRAIG H. PAHL, M.H.S., P.T.

Current Principal Place of Business:

6280 SUNSET DRIVE #405
MIAMI, FL 33143

Current Mailing Address:

6280 SUNSET DRIVE #405
MIAMI, FL 33143

FEI Number: 59-2410767

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAHL, CRAIG H
18132 SW 82ND CT
MIAMI, FL 33157 US

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

Officer/Director Detail :

Title P
Name PAHL, CRAIG
Address 18132 SW 82 COURT
City-State-Zip: MIAMI FL

Title VTS
Name FIEBERT, IRA M
Address 8297 BRIDLE PATH
City-State-Zip: BOCA RATON FL

Title V
Name MAGILL, RITA
Address 1305 SW 107 TERR
City-State-Zip: MIAMI FL 33186

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: CRAIG PAHL

PRESIDNET

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date