

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H01387

**Entity Name:** PHYSICAL THERAPY ASSOCIATES, P.A. IRA M. FIEBERT,  
PH.D., P.T. RITA N. MAGILL, P.T.**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**8878316578CC****Current Principal Place of Business:**6280 SUNSET DRIVE  
SUITE 405  
SOUTH MIAMI, FL 33143**Current Mailing Address:**6280 SUNSET DRIVE  
SUITE 405  
SOUTH MIAMI, FL 33143 US**FEI Number: 59-2410767****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ZANE, LINDA J  
8297 BRIDLE PATH  
BOCA RATON, FL 33496 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 DPT  
Name FIEBERT, IRA M  
Address 8297 BRIDLE PATH  
City-State-Zip: BOCA RATON FL 33496Title DVS  
Name MAGILL, RITA N  
Address 1305 SW 107 TERR  
City-State-Zip: MIAMI FL 33186Title V  
Name ZANE, LINDA J.  
Address 8297 BRIDLE PATH  
City-State-Zip: BOCA RATON FL 33496

*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****VICE PRESIDENT****04/04/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date