

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057357

Entity Name: PHYSICAL THERAPY PROFESSIONALS & ASSOCIATES INC.

Current Principal Place of Business:

1 FLORIDA PARK DRIVE N
SUITE 110
PALM COAST, FL 32137

Current Mailing Address:

1 FLORIDA PARK DRIVE N
SUITE 110
PALM COAST, FL 32137 US

FEI Number: 59-3718586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DINOPOL, EMELDA
1 FLORIDA PARK DRIVE N
SUITE 110
PALM COAST, FL 32137 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 PRESIDENT
Name DINOPOL, EMELDA
Address 1 FLORIDA PARK DRIVE N
 SUITE 110
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name HATULAN, JENILENE
Address 1 FLORIDA PARK DR N
 STE 110
City-State-Zip: PALM COAST FL 32137

Title OFFICER
Name DINOPOL, ERNESTO
Address 1 FLORIDA PARK DRIVE N
 SUITE 110
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name GALLAGHER, SUSANN
Address 1 FLORIDA PARK DRIVE N
 SUITE 110
City-State-Zip: PALM COAST FL 32137

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: EMELDA DINOPOL

PRESIDENT

04/26/2025

Electronic Signature of Signing Officer/Director Detail

Date