2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2013
Secretary of State
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Entity Name: MOBILE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

814 SW GLENVIEW COURT
PORT ST. LUCIE, FL 34953

Current Mailing Address:

814 SW GLENVIEW COURT
PORT ST. LUCIE, FL 34953

FEI Number: 02-0655836

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OREO, ELIZABETH A
814 SW GLENVIEW COURT
PORT SAINT LUCIE, FL 34953 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	PD	Title	ST
Name	OREO, ELIZABETH A	Name	OREO, BRUCE J
Address	310 HOLLY AVE.	Address	310 HOLLY AVE.
City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952

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: ELIZABETH OREO PRESIDENT 04/04/2013

Electronic Signature of Signing Officer/Director Detail — Date