

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053652

Entity Name: ADVANCED PHYSICAL THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

3224 MONACO BLVD
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

3224 MONACO BLVD
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 34-2044334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, ANGELA M
3224 MONACO BLVD
NEW SMYRNA BEACH, FL 32168 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: ANGELA M OWENS

03/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name OWENS, ANGELA M
Address 3224 MONACO BLVD
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title V
Name OWENS, CHAD J.
Address 3224 MONACO BLVD
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: ANGELA OWENS

PRESIDENT

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date