

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053652

Entity Name: ADVANCED PHYSICAL THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

6177 SABAL POINT CIRCLE
PORT ORANGE, FL 32128

Current Mailing Address:

6177 SABAL POINT CIRCLE
PORT ORANGE, FL 32128 US

FEI Number: 34-2044334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, ANGELA M
6177 SABAL POINT CIRCLE
PORT ORANGE, FL 32128 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

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name OWENS, ANGELA M
Address 6177 SABAL POINT CIRCLE
City-State-Zip: PORT ORANGE FL 32128

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 M OWENS

PRESIDENT

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date