

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000053652

**Entity Name:** ADVANCED PHYSICAL THERAPY SOLUTIONS, INC.

**Current Principal Place of Business:**

14 HILLSIDE DRIVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

14 HILLSIDE DRIVE  
NEW SMYRNA BEACH, FL 32169

**FEI Number: 34-2044334**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BITTING, ANGELA M  
14 HILLSIDE DRIVE  
NEW SMYRNA BEACH, FL 32169 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 P  
Name BITTING, ANGELA M  
Address 14 HILLSIDE DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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. BITTING**

**PRESIDENT**

**03/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date