

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044291

**Entity Name:** PHYSICAL CARE - APY, INC

**Current Principal Place of Business:**

4555 SW 140 CT.  
MIAMI, FL 33175

**Current Mailing Address:**

4555 SW 140 CT.  
MIAMI, FL 33175

**FEI Number: 26-2527630**

**Certificate of Status Desired: No**

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

MURDOCH, THAIS I  
4555 SW 140 CT.  
MIAMI, FL 33175 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 MURDOCH, THAIS I  
Address 4555 SW 140 CT.  
City-State-Zip: MIAMI FL 33175

Title VP/S  
Name VALDES, TAISHA  
Address 4555 SW 140 CT.  
City-State-Zip: MIAMI FL 33175

Title SV  
Name VALDES, THAISHA  
Address 4555 SW 140 CT.  
City-State-Zip: MIAMI FL 33175

*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: THAIS MURDOCH**

**PRESIDENT**

**02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date