

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091008

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

**Current Principal Place of Business:**

8833 PERIMETER PARK BLVD  
#904  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8833 PERIMETER PARK BLVD  
#904  
JACKSONVILLE, FL 32216

**FEI Number:** 26-3497928

**Certificate of Status Desired:** No

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

STEFFES, STACY G  
8833 PERIMETER PARK BLVD  
#904  
JACKSONVILLE, FL 32216 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:** STACY G STEFFES

01/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY, DIRECTOR  
Name           STEFFES, STACY G  
Address        8833 PERIMETER PARK BLVD  
                  #904  
City-State-Zip: JACKSONVILLE FL 32216

Title            TREASURER, DIRECTOR  
Name           STEFFES, PAUL A  
Address        8833 PERIMETER PARK BLVD  
                  #904  
City-State-Zip: JACKSONVILLE FL 32216

*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:** STACY STEFFES

**OWNER**

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date