

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000007542

**Entity Name:** DOCTORS PHYSIOTHERAPY, INC.**Current Principal Place of Business:**355 BERENGER WALK  
WELLINGTON, FL 33414**Current Mailing Address:**355 BERENGER WALK  
WELLINGTON, FL 33414 US**FEI Number:** 81-1411197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALEH, MOHAMED Y  
355 BERENGER WALK  
WELLINGTON, FL 33414 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	SALEH, MOHAMED Y
Address	355 BERENGER WALK
City-State-Zip:	WELLINGTON FL 33414

Title	CEO
Name	SALEH, MOHAMED Y
Address	355 BERENGER WALK
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	SALEH, MOHAMED Y
Address	355 BERENGER WALK
City-State-Zip:	WELLINGTON FL 33414

Title	S
Name	SALEH, MOHAMED Y
Address	355 BERENGER WALK
City-State-Zip:	WELLINGTON FL 33414

Title	T
Name	SALEH, MOHAMED Y
Address	355 BERENGER WALK
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	SALEH, MOHAMED Y
Address	355 BERENGER WALK
City-State-Zip:	WELLINGTON FL 33414

*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:** MOHAMED Y SALEH**PRESIDENT****04/19/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date