

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001360

Entity Name: CRESTVIEW PHYSICAL THERAPY INC

Current Principal Place of Business:

577 BROOKMEADE DR
CRESTVIEW, FL 32539

Current Mailing Address:

P O BOX 2010
CRESTVIEW, FL 32536 US

FEI Number: 59-3291910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, THOMAS APT
577 BROOKMEADE DRIVE
CRESTVIEW, FL 32539 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 PVST
Name MILLER, THOMAS A
Address 304 WEDGEWOOD LANE
City-State-Zip: CRESTVIEW FL 32536

Title D
Name MILLER, THOMAS A
Address 304 WEDGEWOOD LANE
City-State-Zip: CRESTVIEW FL 32536

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: THOMAS A MILLER

PRESIDENT

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date