2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2017
Secretary of State
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Entity Name: LAKE AREA PHYSICAL THERAPY, INC.

Current Principal Place of Business:

HIGHWAY 26 AND CENTER COURT
MELROSE, FL 32666

Current Mailing Address:

P.O. BOX 1099
MELROSE, FL 32666 US

FEI Number: 59-3378279

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HODGES, LAURA
25727 NE SR 26
MELROSE, FL 32666 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, S	Title	D
Name	HODGES, LAURA	Name	HODGES, LAURA
Address	25727 NE SR 26	Address	25727 NE SR 26
City-State-Zip:	MELROSE FL 32666	City-State-Zip:	MELROSE FL 32666

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: LAURA HODGES PRES 04/26/2017

Electronic Signature of Signing Officer/Director Detail — Date