

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048664

Entity Name: BAYLIFE PHYSICAL THERAPY & REHABILITATION, INC.

Current Principal Place of Business:

8950 DR.MLK JR. STREET NORTH
SUITE 101
SAINT PETERSBURG, FL 33702

Current Mailing Address:

8950 DR.MLK JR. STREET NORTH
SUITE 101
SAINT PETERSBURG, FL 33702

FEI Number: 59-3449934

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALDER, LYNNE ESQ
777 SOUTH HARBOUR ISLAND BLVD
SUITE 128
TAMPA, FL 33602 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	Title	V
Name	MORGAN, FLOYD	Name	MORGAN, DIANA
Address	8950 DR. MLK JR. STREET NORTH SUITE 101	Address	8950 DR. MLK JR. STREET NORTH SUITE 101
City-State-Zip:	SAINT PETERSBURG FL 33702	City-State-Zip:	SAINT PETERSBURG FL 33702

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: DIANA MORGAN

VICE PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date