

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048664

Entity Name: BAYLIFE PHYSICAL THERAPY & REHABILITATION, INC.

Current Principal Place of Business:

480 JOHNSON ROAD
SUITE 303
WASHINGTON, PA 15301

Current Mailing Address:

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

FEI Number: 59-3449934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 128
PLANTATION, FL 33324 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 PS
Name CHRISTOFF, RYAN
Address 480 JOHNSON ROAD
SUITE 303
City-State-Zip: WASHINGTON PA 15301

Title CEO/T
Name VISEMAN, SHANNON
Address 480 JOHNSON ROAD
SUITE 303
City-State-Zip: WASHINGTON PA 15301

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: RYAN CHRISTOFF

PRESIDENT

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date