

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000015353

**Entity Name:** ONE TO ONE PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

13550 SOUTH JOG RD STE 100  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

PO BOX 8396  
DELRAY BEACH, FL 33482

**FEI Number:** 65-0812036

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAGE, DANIEL  
13550 SOUTH JOG RD STE 100  
DELRAY BEACH, FL 33484 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 MR  
Name SAGE, DANIEL  
Address 13550 JOG ROAD  
City-State-Zip: DELRAY BEACH FL 33446

*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:** DANIEL SAGE

**OWNER**

**03/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date