

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V55089

Entity Name: ADVANCED PHYSICAL THERAPY, INC.

Current Principal Place of Business:

6050 BABCOCK STREET
SUITE 5
PALM BAY, FL 32909

Current Mailing Address:

6050 BABCOCK STREET
SUITE 5
PALM BAY, FL 32909 US

FEI Number: 59-3135926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANEY, GLEN E.
202 N HARBOR CITY BLVD
STE 300
MELBOURNE, FL 32935 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 V
Name WILLS, BRUCE R.
Address 972 WHISPEROAK DRIVE
City-State-Zip: MELBOURNE FL 32901

Title PST
Name HAKKILA, CAROL J.
Address 3901 DIXIE HWY NE #204
City-State-Zip: PALM BAY FL 32905

Title VP
Name HAKKILA, EDWARD F.
Address 3901 DIXIE HWY NE #204
City-State-Zip: PALM BAY FL 32905

Title D
Name HAKKILA-WILLS, JEANNE M
Address 972 WHISPEROAK DR
City-State-Zip: MELBOURNE FL 32901

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: CAROL J HAKKILA

PRESIDENT

03/28/2013

Electronic Signature of Signing Officer/Director Detail

Date