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: NATHAN STAFFORD	CEO	03/31/2023

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000081042

Entity Name: FRAY & STAFFORD PHYSICAL THERAPY, CO

Current Principal Place of Business:

2625 BARNA AVE UNIT D TITUSVILLE, FL 32780

Current Mailing Address:

2625 BARNA AVE D TITUSVILLE, FL 32780 US

FEI Number: 87-2638352

Name and Address of Current Registered Agent:

STAFFORD, NATHAN 2285 MARYLAND AVE TITUSVILLE, FL 32796 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

Officer/Director Detail :

Title	CEO	Title	COO
Name	STAFFORD, NATHAN	Name	FRAY, ROBERT
Address	2285 MARYLAND AVE	Address	2947 EMBASSY COURT
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	CASSELBERRY FL 32707

Electronic Signature of Signing Officer/Director Detail

FILED Mar 31, 2023 Secretary of State 4887080292CC

Date

Certificate of Status Desired: No

Date