



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000084617

2. Name of Corporation Physiotherapy Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 855 SPRINGDALE DRIVE, SUITE 200

City or Town: EXTON

State: PA Zip: 19341 Country: USA

4. Business Phone No.

610-644-7824

5. State of Incorporation

State: MI

6. Brief Description of the Character of Business Conducted in Rhode Island

OPERATIONS OF CLINICS WHICH PROVIDE PHYSICAL THERAPY SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	JANNA P KING	855 SPRINGDALE DRIVE, STE 200 EXTON, PA 19341 USA
CEO	DANIEL J CONNORS	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
COO	PETER GRABASKAS	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
DIRECTOR	ROBERT WOMSLEY	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
DIRECTOR	JAMES MCLANE	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
DIRECTOR	CURT M. SELQUIST	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
DIRECTOR	JAMES CONNELLY	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
DIRECTOR	DANIEL J. CONNORS	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA
DIRECTOR	RICHARD KRACUM	855 SPRINGDALE DRIVE, SUITE 200 EXTON, PA 19341 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.10	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 4 Day of January, 2011 at 10:08:30 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JANNA P. KING
Signature of Authorized Representative of the Corporation

SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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