

Kentucky Secretary of State Annual Report

This Annual Report was submitted electronically

| | |
|-------------------|---|
| Company | PHYSICAL THERAPY CLINIC OF LOUISVILLE, INC. |
| Company ID | 0318945.09.99999 |
| Date Filed | 6/22/2005 |
| Fee | \$15.00 |

Principal Office

C/O Marsh
57 River Ridge Trail
Ormond Beach, FL 32174

Registered Agent

DONNA MARSH
4130 DUTCHMANS LANE
#200
LOUISVILLE, KY 40207

Officers

| | | |
|--------------|-------------|--|
| Sole Officer | Donna Marsh | 57 River Ridge Trail Ormond Beach FL 32174 |
|--------------|-------------|--|

Signatures

| | |
|------------------|-------------------------|
| Signature | Donna J. Soldmann-Marsh |
| Title | President |