


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90046 042 ***150.00

DOCUMENT # P02000037158
 1. Entity Name
 QUALITY HANDS ON THERAPY, INC.




Principal Place of Business Mailing Address
 734 N. 3RD STREET 734 N. 3RD STREET
 SUITE 506 SUITE 506
 LEESBURG, FL 34748 LEESBURG, FL 34748

2. Principal Place of Business 3. Mailing Address
320 W TERRACE **320 W TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 118 **SUITE 118**

City & State City & State
LEESBURG FL **LEESBURG FL**
 Zip Country Zip Country
34748 USA **34748 USA**

24011109



01252004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
45-0472788 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BULL, SCOTTIE
 321 VIOLETWOOD RD.
 DELAND, FL 32720

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T <input type="checkbox"/> Delete BULL, SCOTTIE 321 VIOLETWOOD RD DELAND, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete VERGAUWEN, WIM 103 SWEETWATER BLVD NORTH LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Scottie Bull Scottie Bull X 1/29/04 X 352-365-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #