

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000012271

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**1127558651CC**

**Entity Name:** FRANKART FUNCTIONAL PHYSICAL THERAPY, PA

**Current Principal Place of Business:**

351 SOUTH US HWY 1, SUITE 106  
JUPITER, FL 33477

**Current Mailing Address:**

351 SOUTH US HWY 1, SUITE 106  
JUPITER, FL 33477 US

**FEI Number: 84-4710834**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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            D  
Name            FRANKART, CARLA  
Address        351 SOUTH US HWY 1, SUITE 106  
City-State-Zip: JUPITER FL 33477

Title            P  
Name            FRANKART, JEFFREY K PT  
Address        351 SOUTH US HWY 1, SUITE 106  
City-State-Zip: JUPITER FL 33477

*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: JEFFREY K FRANKART PT**

**PRESIDENT, BY ANDREW    04/26/2023**  
**GILBERT, ATTORNEY-IN-**  
**FACT**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date