


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90004 013 \*\*\*150.00

<b>DOCUMENT # 613984</b> 1. Entity Name ACUPUNCTURE AND PHYSICAL THERAPY, INC.	
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Principal Place of Business 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140 US	Mailing Address 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140 US
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**50021869**



07012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1900414</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  CHIN, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140
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**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIN, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-3-06* *305-866-6911*  
Date Daytime Phone #

ATTACHMENT

50021869

July 1, 2006

To: Division of Corporations

Re: Document #613984, FEI #59-1900414

I just received a "Notice of Intent to Dissolve" from the Florida Department of State. I do not understand why they are sending me this form. I Filed my "2006 For Profit Corporation Annual Report" with a check for \$150.00 on April 15, 2006. I have been incorporated since 1978 and have never missed a payment.

I am enclosing a copy of the check stub #14076 to show that the payment was made. I am also enclosing a copy of my bank statement for April to show you that I wrote \$6,336.01 worth of checks that month. There is no reason for me to not pay \$150.00.

To date, the check has not cleared my bank, so I have to assume that it was lost in the mail or misplaced.


Enclosed is a replacement check #14152 for \$150.00 with a copy of the original form plus the new form.

Sincerely,



Linda W. Chin, President  
Acupuncture & Physical Therapy, Inc.  
5401 Collins Ave.  
CU12  
Miami Beach, FL 33140

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 613984	
1. Entity Name ACUPUNCTURE AND PHYSICAL THERAPY, INC.	

Principal Place of Business 5401 COLLINS AVE CU12 MIAMI BEACH FL 33140 US	Mailing Address 5401 COLLINS AVE CU12 MIAMI BEACH FL 33140 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**ATTACHMENT**  
**50021869**

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1900414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHIN, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH FL 33140
--

7. Name and Address of New Registered Agent
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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when (re)appointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	Paid - 04/15/06 CK # 14076	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHIN, LINDA W 5401 COLLINS AVE CU12 MIAMI BEACH FL 33140 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Linda W Chin 04/15/06 305-866-6911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

14076 Follows CL 14090

DATE 04/15/06

TO Florida Dept. of State

FOR Corp. Annual Report

<input type="checkbox"/> TAX ITEM	BALANCE FORWARD	3364.96
	DEPOSIT	
	DEPOSIT	
	TOTAL	
	AMOUNT THIS CHECK	-150.00
	OTHER DEDUCTIONS	
	BALANCE FORWARD	3114.96

ATTACHMENT

14077

DATE 04/15/06

TO Timber & Co.

FOR Taxes #3

<input type="checkbox"/> TAX ITEM	BALANCE FORWARD	
	DEPOSIT	+1040.00
	DEPOSIT	-28.15
	TOTAL	4126.81
	AMOUNT THIS CHECK	-100.00
	OTHER DEDUCTIONS	
	BALANCE FORWARD	3902.14

50021869  
#613984

14078

DATE 04/15/06

TO Timber & Co.

FOR Feb. 06 Bookkeeping

<input type="checkbox"/> TAX ITEM	BALANCE FORWARD	
	DEPOSIT	-24.67
	DEPOSIT	
	TOTAL	4002.14
	AMOUNT THIS CHECK	-100.00
	OTHER DEDUCTIONS	
	BALANCE FORWARD	3902.14



P.O. BOX 2395  
CHATSWORTH, CA 91313-2395

ATTACHMENT

50021869  
#613984

**This Statement Covers**

From: 04/01/06  
Through: 04/30/06

ACUPUNCTURE & PHYSICAL THERAPY INC  
DBA MULTI REHAB HEALTH INSTITUTE  
5401 COLLINS AVE STE CU12  
MIAMI BEACH FL 33140-5525



**Need assistance?**

To reach us anytime  
call 1-800-788-7000  
or visit us at [wamu.com](http://wamu.com)

Are boxes of cancelled checks taking over your office? Now with Business Online Banking you can look at images of the checks you've written the day after debiting your account. Go online to "My Accounts" to discontinue getting checks back in your statement and give yourself some extra office space.

**Business Checking Detail Information**

ACUPUNCTURE & PHYSICAL THERAPY INC  
DBA MULTI REHAB HEALTH INSTITUTE

Account Number: [REDACTED]  
Washington Mutual Bank, FA

**Account Summary**

<b>Beginning Balance</b>	<b>\$3,298.08</b>
Deposits	0.00
Electronic & Misc. Deposits	+7,348.00
Card Purchases/ATM Withdrawals	0.00
Electronic & Misc. Withdrawals	-225.00
Checks Paid	-6,336.01
Service Fees	0.00
<b>Ending Balance</b>	<b>\$4,085.07</b>

**Electronic & Miscellaneous Deposits**

Date	Amount	Description	Card Number
04/03	1,000.00	Transfer Deposit	
04/05	1,000.00	Transfer Deposit	
04/07	115.00	BANKCARD MTOT DEP 543138110200050	
04/10	568.00	BANKCARD MTOT DEP 543138110200050	
04/11	1,000.00	Transfer Deposit	
04/11	50.00	BANKCARD MTOT DEP 543138110200050	
04/14	165.00	BANKCARD MTOT DEP 543138110200050	
04/19	1,000.00	Transfer Deposit	
04/19	85.00	BANKCARD MTOT DEP 543138110200050	
04/21	200.00	BANKCARD MTOT DEP 543138110200050	
04/24	115.00	BANKCARD MTOT DEP 543138110200050	
04/27	2,000.00	Transfer Deposit	
04/28	50.00	BANKCARD MTOT DEP 543138110200050	

13 Items

\$7,348.00

1348.00 - Bank cards - Stub #14097



**ATTACHMENT**

*Linda 50021869  
613984*

**This Statement Covers**  
**Account Number:** ~~XXXXXXXXXX~~  
From: 04/01/06  
Through: 04/30/06

Electronic & Miscellaneous Withdrawals		
Date	Amount	Description
04/03	132.57	BANKCARD MTOT DISC 543138110200050
04/04	15.00	AUTHNET GATEWAY BILLING 8938138 <i>7147.57 - stub # 14097</i>
04/10	52.76	FPL PAYMENT CTR BILL PYMT 4090
04/20	24.67	UNION SEC INS CO PLAN DUES XXXXX3578 <i>- stub # 14098</i>
<b>4 Items</b>		<b>\$225.00</b>

Checks Paid					
Check Number	Amount	Date	Check Number	Amount	Date
4051	78.50	04/04	4075*	167.23	04/27
4055*	78.50	04/04	4077*	100.00	04/26
4056	581.27	04/03	4078	100.00	04/26
4057	581.27	04/06	4079	119.47	04/24
4061*	288.92	04/03	4080	422.88	04/24
4062	80.00	04/03	4083*	69.30	04/27
4065*	78.50	04/04	4084	1,922.00	04/27
4066	178.91	04/12	4088*	35.00	04/11
4067	100.00	04/11	4089	300.00	04/13
4068	486.60	04/12	4091*	75.00	04/14
4069	78.50	04/13	4092	10.00	04/19
4071*	35.00	04/03	4093	220.00	04/19
4072	45.41	04/17	14094*	67.00	04/19
4073	36.75	04/19			
<b>27 Items</b>		<b>\$6,336.01</b>	*Indicates check out of sequence		

Account Activity Summary			
Average Collected Balance	\$3,997.81	Minimum Daily Ending Balance	\$2,929.82
Checks Deposited	0	Cash Deposited	\$0.00
Number of Deposits	13	Cash Purchased	\$0.00
Checks/Debits	27		
Calendar Year-To-Date Overdraft/Non-Sufficient Funds			
Charges (excluding any charges which have been waived or refunded):			
Overdraft charges	\$0.00		
Non-Sufficient Funds charges	\$0.00		

Your Overdraft Limit as of the statement end date: \$1,000.00  
Please note that this may be changed at any time without notice (see reverse for more information). As of the statement end date, the fee for any Non-Sufficient Funds transaction, whether paid or returned, was \$30.00 per transaction.

