


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000004536	
1. Entity Name VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.	

Principal Place of Business 1251 SOUTH MAIN STREET MIDDLETOWN, CT 06457	Mailing Address PO BOX 1149 MIDDLETOWN, CT 06457
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02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1117215	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARDY, WILLIAM M 133 LISBON COURT ISLAMORADA, FL 33036
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PCD GRIFFIN, STEPHEN E 79 HONEY HILL ROAD EAST HADDAM, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDY, WILLIAM M 133 LISBON COURT ISLAMORADA, FL
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03/14/06-80003-002 158.75

**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: *Stephen E Griffin* **2/22/06** **860 526 1162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #