2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004536

VALLEY PHYSICAL THERAPY AND SPORTS MEDICINE SERVICES, P.C.



FILED Mar 02, 2006 08:00 AN Secretary of State

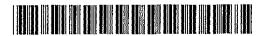
Principal Place of Business

1251 SOUTH MAIN STREET MIDDLETOWN, CT 06457

Mailing Address

PO BOX 1149

MIDDLETOWN, CT 06457



		\$8.7	5	Additional
	06-1117215			Not Applicable
4.	FEI Number			Applied For

5. Certificate of Status Desired

02242006

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

HARDY, WILLIAM M 133 LISBON COURT ISLAMORADA, FL 33036

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

# The above	named entity submits this statement for the p	urpose of char	naîna its reaistere	ed office or i	registered agent, or b	oth, in the State of Florida. I am famil	iar with, and accept
	ions of registered agent.		· • · · · · · · · · · · · · · · · · · ·				
SIGNATURE_							
	Signature, typed or printed name of registered agent and title t	f applicable.	(NOTE Registered	d Agent signatur	e required when reinstalling)	DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		Campalgn Finar nd Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS					المعتدد و الماد المعتدد و الماد المعتدد و الماد المعتدد و الماد الماد الماد الماد الماد الماد الماد الماد الماد
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDY, WILLIAM M 133 LISBON COURT ISLAMORADA, FL				- · · - · · · · · · · · · · · · · · · ·	0.37 177 CO COODS OC	11. 1. UU = 1. U
NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
indicated of the cor	certify that the information supplied with this fit on this report or supplemental report is true a reportation or the receiver or trustee ampowered, or on an attachment with an address, with all	and accurate a d to execute thi	nd that my signa is report as requi	emptions co ture shall ha red by Cha	ontained in Chapter 1 ave the same legal effo pter 607, Florida Statu	19. Florida Statutes. I further certify the ect as if made under oath; that I am a tes; and that my name appears in Blo	nat the information n officer or director ock 10 or Block 11 if

NO OFFICER OR DIRECTOR