

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H25243

1. Entity Name

ADVANCED ORTHOPAEDIC & SPORTS PHYSICAL
THERAPY, INC.



Principal Place of Business

1896 PALM BEACH LAKES BLVD., STE A
WEST PALM BEACH, FL 33409

Mailing Address

1896 PALM BEACH LAKES BLVD., STE A
WEST PALM BEACH, FL 33409

FILED
Sep 09, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2453536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, DANIEL F
4376 DAFFADIL CIRCLE S
PALM BEACH GARDENS, FL 33410

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000959277
09/09/08-80004-012 550.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GOLDSTEIN, DANIEL
STREET ADDRESS 4376 DAFFADIL CIRCLE S
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/08
Date

561-371-6021
Daytime Phone #