2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # J67017

1. Entity Name
TALLAHASSEE ORTHOPEDIC & SPORTS PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
3334 CAPITAL MEDICAL BLVD 300 TALLAHASSEE, FL 32308-1416	3231 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308

01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2831494
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KNISLEY, KENT
3334 CAPITAL MEDICAL BLVD
SUITE 300
TALLAHASSEE, FL 32308

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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 $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNISLEY, KENT CHARLES
STREET ADDRESS	3334 CAPITAL MED BLVD300
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VP
NAME	WATSON, JIM
STREET ADDRESS	3334 CAPITAL MED BLVD300
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	S
NAME	WATSON, JIM
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD. 300
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80029-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/5/05 (850) 877-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #