2008 FOR PROFIT CORPORATION ANNUAL REPORT

mailed to
Div of Corporations
PO Box 6327
Tallahassee FL
32314

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # K06220

1. Entity Name
PHYSICAL THERAPY DYNAMICS, INC.

Principal Place of Business	Mailing Address
925 W SUGARLANDHIGHWAY CLEWISTON, FL 33440 US	227 E. CRESENT DRIVE CLEWISTON, FL 33440 US

01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0019348
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COUSE, TONI L.
227 E. CRESCENT DRIVE
CLEWISTON, FL 33440

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COUSE, TONI L.
STREET ADDRESS	227 E. CRESCENT DRIVE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	DVP
NAME	REYES, TEODORO
STREET ADDRESS	227 E. CRESCENT DRIVE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	S
NAME	REYES, NIMIA
STREET ADDRESS	227 E. CRESCENT DR
CITY-ST-ZIP	CLEWISTON, FL
TITLE	T
NAME	REYES, NIMIA
STREET ADDRESS	227 E. CRESCENT DR
CITY-ST-ZIP	CLEWISTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80042-008 150.00

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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: Toni L. Couse 1-7-08 (863) 983-8304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #