## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K10035

**FILED** Apr 19, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33156 US

Entity Name: DADELAND PHYSICAL THERAPY AND SPORTS MEDICINE, INC.

**Current Principal Place of Business:** New Principal Place of Business:

7400 N. KENDALL DR. #101 7400 N. KENDALL DR.

MIAMI, FL 33156 STE. 101 MIAMI, FL 33156

**Current Mailing Address: New Mailing Address:** 

7400 N. KENDALL DR. #101 7400 N. KENDALL DR.

MIAMI, FL 33156 STE. 101 MIAMI, FL 33156 US

FEI Number: 65-0031675 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHARTOR, JOHN CHARTOR, JOHN S PRES. 7400 N KEŃDALL DR 7400 N KENDALL DR #101 MIAMI, FL 33156 STE. 101 MIAMI, FL 33156 US

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.

SIGNATURE: JOHN S. CHARTOR 04/19/2005

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

MIAML FL

Title: ( ) Delete Title: (X) Change ( ) Addition

CHARTOR, JOHN, CHARTOR, JOHN S Name: Name: 7400 N KENDALL DR., #101 7400 N KENDALL DR., #101 Address: Address:

Title: Title: (X) Change ( ) Addition () Delete

CHARTOR, HANNAH, CHARTOR, HANNAH Name: Name: 7400 N. KENDALL #101 Address: 7400 N. KENDALL #101 Address: MIAMI, FL 33156 US City-St-Zip:

MIAMI, FL City-St-Zip:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. CHARTOR PD 04/19/2005