
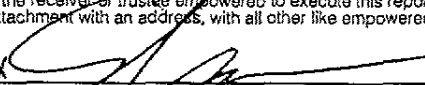
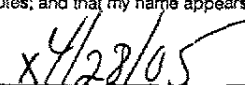


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K36456 1. Entity Name NANCY K. WHELAN R.P.T., P.A.		
Principal Place of Business C/O NANCY K. WHELAN 6714 FOREST HILL BLVD. WEST PALM BEACH, FL 33413 US		Mailing Address C/O NANCY K. WHELAN 6714 FOREST HILL BLVD. WEST PALM BEACH, FL 33413 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHELAN, NANCY K. 6547 ROCK CREEK DRIVE LAKE WORTH, FL 33467		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	WHELAN, NANCY K.	
STREET ADDRESS	6547 ROCK CREEK DRIVE	
CITY- ST- ZIP	LAKE WORTH, FL 33467	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0104526

Applied For
Not Applicable

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

U00000350870
05/02/05-80121-020.150.00

**DO NOT WRITE
IN THIS SPACE**