2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90073 006 ***150.00

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1. Entity Name
KERR PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
451 RIVERSIDE DR. STUART, FL 34994	451 RIVERSIDE DR. ~~453 RIVERSIDE DR.,STE. 2~~ STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0098636
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KERR, DONALD JAMES
453 RIVERSIDE DR.
SUITE 2
STUART, FL 34994

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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: Amy Kerr Sec. Amy Kerr 1/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KERR, DONALD JAMES
STREET ADDRESS	~~453~~ RIVERSIDE DR., STE.2
CITY-ST-ZIP	STUART, FL
TITLE	VP
NAME	KERR, SCOTT, MICHAEL
STREET ADDRESS	~~453~~ RIVERSIDE DR STE 2
CITY-ST-ZIP	STUART, FL
TITLE	S
NAME	KERR, ROBERTA
STREET ADDRESS	~~4583~~ RIVERSIDE DR STE 2
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	KERR, AMY
STREET ADDRESS	~~453~~ RIVERSIDE DR. STE 2
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Amy Kerr Amy Kerr 1/23/06 772-286-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #