


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K68070</b>	
1. Entity Name PROGRESSIVE/HOME PHYSICAL THERAPY, P.A.	

Principal Place of Business 23064 B HARBORVIEW RD. 23064B PORT CHARLOTTE, FL 33980 US	Mailing Address 23064 B HARBORVIEW RD. 23064B PORT CHARLOTTE, FL 33980 US
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0108116	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LANIGAN, GARY S. 3755 PEACE RIVER DR. PUNTA GORDA, FL 33983
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIGAN, GARY S. 3755 PEACE RIVER DR. PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANIGAN, SANDRA 3755 PEACE RIVER DRIVE PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/07/04-80030-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Gary S Lanigan 7-1-04 941-627-684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #