


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L16268 1. Entity Name FAMILY PHYSICAL THERAPY CENTER INC.	
--	---

Principal Place of Business 704 W. LUMSDEN RD. BRANDON, FL 33511 US	Mailing Address 704 W. LUMSDEN RD. BRANDON, FL 33511 US
---	---



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2966143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIVERA, JANIESSE 704 W. LUMSDEN RD. BRANDON, FL 33511

**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 _____
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, JANIESSE 704 W. LUMSDEN RD. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORELLANA, JENNY 704 W. LUMSDEN RD. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000644971
03/02/07-80065-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 813-654-3808
Date Daytime Phone #