# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2006**
**Secretary of State**

DOCUMENT# L90484

**Entity Name:** THE PHYSICAL THERAPY EQUIPMENT COMPANY

**Current Principal Place of Business:**

P. O. BOX 271469
TAMPA, FL 336881469 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 271469
TAMPA, FL 336881469

**New Mailing Address:**

**FEI Number: 59-3054519** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MADDEN, WILLIAM J PRESIDE
16222 PARKSIDE DR
TAMPA, FL 33624 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: MADDEN, WILLIAM J PTD
Address: 16222 PARKSIDE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VSD ( ) Delete
Name: MADDEN, KARIN B VSD
Address: 16222 PARKSIDE DRIVE
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM J. MADDEN PRES 01/06/2006

Electronic Signature of Signing Officer or Director — Date