

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10681

FILED
May 06, 2006
Secretary of State

Entity Name: THE SOUTHEAST DISTRICT OF THE FLORIDA PHYSICAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

13691 SW 49TH COURT
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

13691 SW 49TH COURT
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 59-2622647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

INNOCENT, MACMILLAN
13691 SW 49TH COURT
MIRAMAR, FL 33027 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GILMAN, NANCY
Address: 2600 GREENWOOD TERRACE, G-209
City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete
Name: COMITER, MERYL
Address: 21633 LYNHURST WAY
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: INNOCENT, MACMILLAN
Address: 13691 SW 49TH COURT
City-St-Zip: MIRAMAR, FL 33027

Title: ST () Delete
Name: RIVERA, DANIELLE
Address: 1115 BEL-AIR DRIVE, #4
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: VOORHEES, ROBERT
Address: 3375 BURNS ROAD, SUITE 104
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

Title: ST (X) Change () Addition
Name: ROBERTS, LISA
Address: 3131 NW 107TH DRIVE
City-St-Zip: SUNRISE, FL 33351

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACMILLAN INNOCENT

TD

05/06/2006

Electronic Signature of Signing Officer or Director

Date