

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 049 ***150.00

DOCUMENT # P00000011190

1. Entity Name

COPPEE' PHYSICAL THERAPY, INC.



Principal Place of Business

741 E ACRE DRIVE
PLANTATION FL 33317

Mailing Address

741 E ACRE DRIVE
PLANTATION FL 33317

2. Principal Place of Business

23 E ACRE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

23 E ACRE DRIVE
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

59-3620118

Applied For

Not Applicable

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPPEE', LAURA
741 E ACRE DRIVE
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name: COPPEE' LAURA
Street Address (P.O. Box Number is Not Acceptable):
23 E ACRE DRIVE
City: PLANTATION FL Zip Code: 33317

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DPS
NAME: COPPEE', LAURA
STREET ADDRESS: 741 E ACRE DRIVE
CITY-ST-ZIP: PLANTATION FL 33317 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

(954) 792-2840

Date Daytime Phone #