

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011190

FILED
Jun 30, 2005
Secretary of State

Entity Name: COPPEE' PHYSICAL THERAPY, INC.

Current Principal Place of Business:

23 E. ACRE DR.
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

23 E. ACRE DR.
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 59-3620118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPPEE', LAURA
23 E. ACRE DR
PLANTATION, FL 33317 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: COPPEE', LAURA
Address: 741 E ACRE DRIVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: COPPEE', LAURA
Address: 23 E ACRE DRIVE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA COPPEE

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date