

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000028504

1. Entity Name
FIT FOR LIFE PHYSICAL THERAPY, INC.



Principal Place of Business
4881 NW 8TH AVE.
GAINESVILLE, FL 32605

Mailing Address
10 NORTHWEST 80TH BOULEVARD
GAINESVILLE, FL 32607



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3631918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAES, ROBERTA
10 NW 80 BLVD
GAINESVILLE, FL 32607

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAES, G. LAMBERT
STREET ADDRESS	10 NORTHWEST 80TH BLVD.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	VAES, ROBERTA J
STREET ADDRESS	10 NORTHWEST 80TH BLVD.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	DVP
NAME	OCHS, DAVID
STREET ADDRESS	618 NW 60 STREET J
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	FRAZER, CHARLENE
STREET ADDRESS	4881 NW 8TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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01/24/05-80130-024 150.00

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: LAMBERT G. VAES 1/19/2005 352-373-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #