

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000028579

1. Entity Name
ACTION PHYSICAL THERAPY, INC.



Principal Place of Business
17380 ALTERNATE A1A
305
JUPITER, FL 33477

Mailing Address
17380 ALTERNATE A1A
305
JUPITER, FL 33477

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLERA, THOMAS
10894 CANYON BAY LANE
BOYNTON BEACH, FL 33473

**DO NOT WRITE
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T GENECCO, TIMOTHY 17380 ALTERNATE A1A, STE. 305 JUPITER, FL 33477
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/S SMITH, JAMES 7076 CORONATION CIRCLE FAYETTEVILLE, NY 13066
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000956966
08/04/08-80003-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Smith James Smith 7/31/08 315-477-0888

Date

Daytime Phone #