



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000033379			
1. Entity Name HOLISTIC PHYSICAL THERAPY & LYMPHEDEMA SERVICES, INC.			
Principal Place of Business 501 GOODLETTE RD, BLDG D-100 B-104 NAPLES, FL 34102		Mailing Address 501 GOODLETTE RD, BLDG D-100 B-104 NAPLES, FL 34102	
DO NOT WRITE IN THIS SPACE			
		04122006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3639885	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIBBEL, BRUCE K 501 GOODLETTE RD, B-104 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000508186 04/28/06-80034-013 150.00	
TITLE	PVST		
NAME	RIBBEL, BRUCE K		
STREET ADDRESS	1735 CAMELI LANE		
CITY - ST - ZIP	NAPLES, FL 34105		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		4-3-06 234-263-1922	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	