

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 019 ***150.00

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1. Entity Name

AMERICAN PHYSICAL THERAPY INSTITUTE, INC.



Principal Place of Business

3850 S.W. 87TH AVENUE
SUITE 103
MIAMI, FL 33165

Mailing Address

3850 S.W. 87TH AVENUE
SUITE 103
MIAMI, FL 33165

00000000



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODDAM, MARIE
3850 SW 87TH AVENUE
#103
MIAMI, FL 33165

**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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODDAM, MARIE
STREET ADDRESS	3850 SW 87TH AVENUE, #103
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VD
NAME	RODRIGUEZ, CARLOS E
STREET ADDRESS	3850 SW 87TH AVENUE #103
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VD
NAME	OLACHEA, CARLOS H.
STREET ADDRESS	3850 S.W. 87TH AVENUE SUITE 103
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Marie Roddam **MARIE RODDAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 **(305) 554-8877**

Date

Daytime Phone #