


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000005614
1. Entity Name
ADVANCED ORTHOPEDIC PHYSICAL THERAPY, INC.



Principal Place of Business 6550 S US 1 PORT SAINT LUCIE, FL 34952	Mailing Address 6550 S US 1 PORT SAINT LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1073068	Applied: <input type="checkbox"/> Not App
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELTON, DAVID
6012 INDRIIO RD., #E-8
FT. PIERCE, FL 34951

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PELTON, DAVID 6012 INDRIIO RD., #E-8 FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PELTON, DORIS 6012 INDRIIO RD., #E-8
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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

David Pelton

4/30/04

772-468-0999