


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 016 ***150.00

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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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1073068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PELTON, DAVID 6012 INDRIO RD., #E-8 FT. PIERCE, FL 34951

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 re-registering) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, DAVID 6012 INDRIO RD., #E-8 FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, DORIS 6012 INDRIO RD., #E-8 FT. PIERCE, FL 34951 DELETE
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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: David Pelton 3-31-06 772-468-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #