2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 25, 2005 8:00 am DOCUMENT # P01000090878 Secrétary of State 07-25-2005 90098 027 ***150.00 RICHARD JOHANSEN PHYSICAL THERAPY, INC. Principal Place of Business Mailing Address 8630 NW FIRST AVE. GAINESVILLE FL 32607 4509 NW 23 AVENUE SUITE 18 GAINESVILLE FL 32606-6570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3757032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHANSEN, RICHARD P.T. Street Address (P.O. Box Number is Not Acceptable) 4509 NW 23 AVE., SUITE 18 GAINESVILLE FL 32608 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition JOHANSEN, RICHARD NAME NAME STREET ADDRESS 8630 NW FIRST AVENUE STREET ADDRESS GAINESVILLE FL 32607 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIFLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZtP THUE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment with

GNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME O

FILED

	MENT # P010000901	REPORT (AR		CHMENTOS,	
1. Entity Name RICHARD	JOHANSEN PHYSICAL T	HERAPY, INC.		01. \$ 150,	
Principal Place 4509 NW 23 SUITE 18 GAINESVILLE		Mailing Address 8630 NW FIRST AVE. GAINESVILLE FL 326	07	50057324	
2. Principal Pla	ace of Business	Mailing Address			12.0
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City & State		City & State		4. FEI Number 59-3757032	oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 20 S8.75 Fee Req	ditional d
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
4509	ANSEN, RICHARD P.T. NW 23 AVE., SUITE 18 NESVILLE FL-32608—		Street Address	(P.O. Box Number is Not Acceptable)	
	1		City	FL 资	606
8. The above the obligation	named entity submits this statement	for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida. I am familiar v	and acce
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	Signature, typed or provide name (of registered ago ISEN 1991 (1992) Insulating (1993) (1993) (1993)		те. подолжен густ с одгани в годо		00 May E
10.	OFFICERS AF	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	1
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12. I hereby indicated of the co	certify that the information supplied d on this report or supplemental sep reporation or the receiver or trustee	with this filling does not qualify ort is true and accurate and the appowered to execute this rep- appowered to execute this amnowan	for the exemption stated in at my signature shall have to ort as required by Chapter ed.	Section 119.07(3)(i), Florida Statutes, I further certify that the same legal effect as if made under oath; that I am an off 607, Florida Statutes; and that my name expears in Block	e informatio or or direct or Block 1
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ATTACHMENT

Richard Johansen, P.T. 500573

Quality Manual Physical Therapy for You and Your Family.

July 19, 2005

Division of Corporations

P. O. Box 6198

Tallahassee, FL 32314

RE: Document No.: R0100009087

Richard Johansen Physical Therapy, Inc. Mailing Address: 8630 NW First Avenue ___ 4509 NW 23 Avenue, Suite 18

Gainesville, FL 32607

Gainesville, Fl 32606-6570

To Whom It May Concern;

Please refer to the enclosed copy of the 2005 Annual Report and Check No. 2104 for \$150.00 that is dated January 26, 2005. The original was mailed in January 2005. However, after checking with Barbara at 1 (850) 245-6056, ext 4, it was confirmed the Florida Department of State had not received/cashed the aforementioned check. Needless to state the surprise/shock to learn Check 2104 was written to a government organization and not processed.

Barbara was very helpful informing how to go on line and to print the 2005 Annual Report (she mailed the form as well; which is greatly appreciated). Barbara said to mail a new signed/completed form, a new check (no. 130) for \$150 to replace the previous check (no. 2104) and the attached paperwork showing it was dealt within January.

Thank you for your assistance in processing our 2005 Annual Report without serving a penalty. Please be assured that it is well noted to send the Annual Report with the \$150 fee each January.

Respectfully,

Myrna Jordan Secretary for

Richard Johansen, P.T.

Enclosures: -2005 Annual Report Form dated July 19, 2005

-Check No. 130/\$150.00 dated July 15, 2005

- Copy of the 2005 Annual Report and Check No. 2104 for \$150.00 that is dated January 26, 2005

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