

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 027 ***150.00

DOCUMENT # P01000090878

1. Entity Name

RICHARD JOHANSEN PHYSICAL THERAPY, INC.



Principal Place of Business

4509 NW 23 AVENUE
SUITE 18
GAINESVILLE FL 32606-6570

Mailing Address

8630 NW FIRST AVE.
GAINESVILLE FL 32607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-3757032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHANSEN, RICHARD P.T.
4509 NW 23 AVE., SUITE 18
GAINESVILLE FL 32608

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JOHANSEN, RICHARD**
STREET ADDRESS **8630 NW FIRST AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


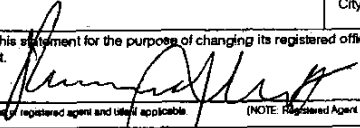
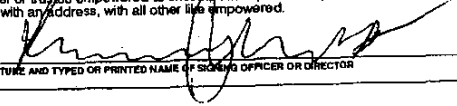
Daytime Phone #


07.19.05

(352) 372-8920

ANNUAL REPORT (AR)

ATTACHMENT
01-26-05
\$150.00

| | | | | | |
|---|---|----------------------|--|--|---------|
| DOCUMENT # P01000090878 | | | |  | |
| 1. Entity Name RICHARD JOHANSEN PHYSICAL THERAPY, INC. | | | | | |
| Principal Place of Business 4509 NW 23 AVENUE SUITE 18 GAINESVILLE FL 32606-6570 | | | Mailing Address 8630 NW FIRST AVE. GAINESVILLE FL 32607 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent JOHANSEN, RICHARD P.T. 4509 NW 23 AVE, SUITE 18 GAINESVILLE FL 32606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 32606 | | |
| 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:  DATE: 01-24-05 <small>Signature, typed or printed name of registered agent and liable applicable (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$500 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | JOHANSEN, RICHARD | | <input type="checkbox"/> Delete | |
| STREET ADDRESS | | 8630 NW FIRST AVENUE | | | |
| CITY- ST- ZIP | | GAINESVILLE FL 32607 | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> Delete | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | | DATE: 01-24-05 (352) 372-8970 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

| | | | |
|---|--|---|--|
| RICHARD JOHANSEN, P.T. | | 8104 | |
| QUALITY MANUAL PHYSICAL THERAPY | | 83-673/631 05 | |
| 4509 NW 23 Ave., Ste 18 Gainesville, FL 32606-6570 (352) 372-8970 | | DATE: 01-26-05 | |
| PAY TO THE ORDER OF: Florida Department of State | | \$ 150.00 | |
| One hundred fifty dollars no/100 | | DOLLARS | |
| M&S BANK | | | |
| FOR: FEI# 59-3757032 Doc# P01000090878 | |  | |

ATTACHMENT

Richard Johansen, P.T. 50057324

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.: P01000090878

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

/mj