


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90062 021 \*\*\*150.00

DOCUMENT # P01000090878 1. Entity Name RICHARD JOHANSEN PHYSICAL THERAPY, INC.	
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Principal Place of Business 2730 NW 39 AV GAINESVILLE, FL 32605	Mailing Address 8630 NW FIRST AVE. GAINESVILLE, FL 32607
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**DO NOT WRITE IN THIS SPACE**

01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3757032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  JOHANSEN, RICHARD P.T. 2730 NW 39 AVE GAINESVILLE, FL 32605	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2007 Fee will be \$550.00**

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	P JOHANSEN, RICHARD 8630 NW FIRST AVENUE GAINESVILLE, FL 32607
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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: Richard A. Johansen 3/06/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Phone #

(352) 372-8970