FROM :   FAX NO. :

APR-10-2004 14:58 FROM: 4127886186   TO:

7.

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-07-2004 90004 038 ***158.75
07-21-2004 90027 033 ***400.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000104333

1. Entity Name
PHYSICAL THERAPY IN YOUR HOME, INC.

Principal Place of Business
2170 SW 7TH CT.
BOCA RATON, FL 33486

Mailing Address
2170 SW 7TH CT.
BOCA RATON, FL 33486

44049218

04102004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1140510

Applied For
Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
MCCORMACK, EDWARD J
2170 SW 7TH CT.
BOCA RATON, FL 33486

DO NOT WRITE 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 ______ DATE ______

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT.
NAME	MCCORMACK, EDWARD J
STREET ADDRESS	2170 SW 7TH CT
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	V
NAME	MCCORMACK, CHERYL A
STREET ADDRESS	2170 SW 7TH CT
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

550.00
8.75
558.75
(158.75
400.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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: Edward J. McCormack   6-30-04   Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #