

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90077 018 ***150.00

DOCUMENT # P02000037158

1. Entity Name
QUALITY HANDS ON THERAPY, INC.



Principal Place of Business

**320 W TERRACE
SUITE 118
LEESBURG, FL 34748**

Mailing Address

**320 W TERRACE
SUITE 118
LEESBURG, FL 34748**

50008172



2. Principal Place of Business

320 W. Oak Terrace

Suite, Apt. #, etc.

Suite 118

City & State

Leesburg, FL

Zip

34748

Country

USA

3. Mailing Address

320 W. Oak Terrace

Suite, Apt. #, etc.

Suite 118

City & State

Leesburg, FL

Zip

34748

Country

USA

01272005

Chg-P

CR2E034 (10/03)

4. FEI Number

45-0472788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BULL, SCOTTIE
321 VIOLETWOOD RD.
DELAND, FL 32720**

7. Name and Address of New Registered Agent

Name **Bull, Scottie**

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

1331 Deerfoot rd

City **DeLand**

FL

Zip Code

32720

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

Scottie Bull

Scottie Bull

1/26/05

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P T** ☒ Delete
NAME **BULL, SCOTTIE**
STREET ADDRESS **321 VIOLETWOOD RD**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **VS** ☐ Delete
NAME **VERGAUWEN, WIM**
STREET ADDRESS **103 SWEETWATER BLVD NORTH**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **Scottie Bull**
STREET ADDRESS **1331 Deerfoot rd**
CITY-ST-ZIP **DeLand, FL 32720**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Scottie Bull

Scottie Bull

1/26/05

**352-365-
1114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #