


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 037 ***150.00

DOCUMENT # P02000052153	
1. Entity Name PATRICIA KOLTUSZ, O.T.R., P.A.	

40124314



Principal Place of Business 7215 EMBASSY BLVD PORT RICHEY, FL 34668	Mailing Address 7215 EMBASSY BLVD PORT RICHEY, FL 34668
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BIGELOW, KRISTINE M 6630 EMBASSY BLVD PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name <u>Patricia Koltusz</u> Street Address (P.O. Box Number is Not Acceptable) <u>7215 Embassy Blvd.</u> City <u>Port Richey</u> FL Zip Code <u>34668</u>	
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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 <u>Patricia Koltusz</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>7-09-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLTUSZ, PATRICIA 7215 EMBASSY BLVD PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Patricia Koltusz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7-09-07</u> Daytime Phone # <u>7278171076</u>