

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000095768	
1. Entity Name FREE MOTION PHYSICAL THERAPY OF BREVARD, P.A	

Principal Place of Business 1300 BEDFORD DR, UNIT 3 MELBOURNE FL 32940	Mailing Address 1300 BEDFORD DRIVE #105 MELBOURNE FL 32940
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent RAZZINO, ROBERT J 901 FOSTORIA DR MELBOURNE FL 32940	
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4. FEI Number 22-3863516	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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.

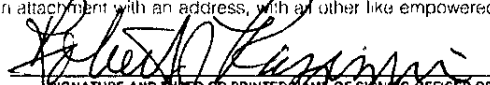
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reappointing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	RAZZINO, ROBERT J
STREET ADDRESS	901 FOSTORIA DR
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	SD ☐ Delete
NAME	RAZZINO, NANCY I
STREET ADDRESS	901 FOSTORIA DR
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	D ☐ Delete
NAME	RAZZINO, ANTHONY R
STREET ADDRESS	1273 VESTAVIA CR
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	D ☐ Delete
NAME	RAZZINO, STACIE J
STREET ADDRESS	1273 VESTAVIA CR
CITY-ST-ZIP	MELBOURNE FL 32940
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U000000812190
CITY-ST-ZIP	02/12/08-80035-024 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 exemptions contained in Section 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 charged, or on an attachment with an address, with an other like empowered.

SIGNATURE:  **ROBERT J. RAZZINO** 1-31-08 321-242-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: mo Year