# 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 | Mailing Address |
|---|---|
| 1300 BEDFORD DR, UNIT 3<br>MELBOURNE FL 32940 | 1300 BEDFORD DRIVE #105<br>MELBOURNE FL 32940 |

1st MOORE CR2E034 (10/07)

| 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 |

4. FEI Number 22-3863516 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAZZINO, ROBERT J<br>901 FOSTORIA DR<br>MELBOURNE FL 32940 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changes — DATE

**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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RAZZINO, ROBERT J<br>901 FOSTORIA DR<br>MELBOURNE FL 32940 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000812190<br>02/12/08-80035-024 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RAZZINO, NANCY I<br>901 FOSTORIA DR<br>MELBOURNE FL 32940 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RAZZINO, ANTHONY R<br>1273 VESTAVIA CR<br>MELBOURNE FL 32940 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RAZZINO, STACIE J<br>1273 VESTAVIA CR<br>MELBOURNE FL 32940 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 changed, 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 — Daytime Phone #