

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000101732

1. Entity Name
INNOVATIVE PHYSICAL THERAPY SOLUTIONS, INC.



Principal Place of Business

2953 LAKE SAXON DRIVE
LAND OF LAKES, FL 34639

Mailing Address

2953 LAKE SAXON DRIVE
LAND OF LAKES, FL 34639

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04202004

No Chg-P

CR2E034 (10/03)

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4. FEI Number
30-0136575

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOLEY, MICHAEL
2953 LAKE SAXON DRIVE
LAND OF LAKES, FL 34639

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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

Michael D. Cooley, registered agent, Apr 20, 2004

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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

000000129027
04/26/04-80062-011 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME COOLEY, MARY M
STREET ADDRESS 2953 LAKE SAXON DRIVE
CITY-ST-ZIP LAND OF LAKES, FL 34639

TITLE D
NAME COOLEY, MICHAEL D
STREET ADDRESS 2953 LAKE SAXON DRIVE
CITY-ST-ZIP LAND OF LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

Date

(813) 9961715

Daytime Phone #