

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 037 \*\*\*150.00

**DOCUMENT # P02000120082**

1. Entity Name  
**PALM BEACH AQUATICS & PHYSICAL THERAPY, INC.**



Principal Place of Business  
**5130 LINTON BLVD.,  
E-2  
DELRAY BEACH, FL 33484 US**

Mailing Address  
**5130 LINTON BLVD.  
E-2  
DELRAY BEACH, FL 33484 US**

40001200



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**60-0004120**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HERNANDEZ-MOTE, ADRIANA  
10531 ST. ANDREWS ROAD  
BOYNTON BEACH, FL 33436**

**DO NOT WRITE  
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

*Adriana Hernandez-Mote*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

*4-18-07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HERNANDEZ-MOTE, ADRIANA  
10531 ST. ANDREWS ROAD  
BOYNTON BEACH, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PILOZZI, ANTONIO  
7894 ROCKPORT CIRCLE  
LAKE WORTH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-18-07*



ATTACHMENT  
40081238  
Division of Corporations

## 2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P02000120082
Business Entity Name	PALM BEACH AQUATICS & PHYSICAL THERAPY, INC.
Original File Date	11/08/2002

FEI Number 60-0004120

Principal Address 5130 LINTON BLVD.,  
E-2  
DELRAY BEACH, FL 33484 US

Mailing Address 5130 LINTON BLVD.  
E-2  
DELRAY BEACH, FL 33484 US

Registered Agent ADRIANA HERNANDEZ-MOTE  
10531 ST. ANDREWS ROAD  
BOYNTON BEACH, FL 33436 US

## Officer/Director Name And Address

P  
ADRIANA HERNANDEZ-MOTE  
10531 ST. ANDREWS ROAD  
BOYNTON BEACH, FL 33436 US

VP  
ANTONIO PILOZZI  
7894 ROCKPORT CIRCLE  
LAKE WORTH, FL 33437

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes

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