2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 19, 2006 08:00 AM Secretary of State DOCUMENT # P02000124454 1. Entity Name PALM CITY PHYSICAL THERAPY, INC. Principal Place of Business Mailing Address PO BOX 429 JENSEN BEACH FL 34957 2684 SW EMMANUEL DRIVE PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 32-0044086 Not Applier Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEERMAN, KAY K Street Address (P.O. Box Number is Not Acceptable) 1591 S.W. EGRET WAY PALM CITY FL 34990 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 acce; the obligations of registered agent. SIGNATURE (NOTE: Regisfered Agent signature required when rehistating) Signature, typed or period name of registered agont and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete ☐ Change HILE NAME DEERMAN, KAY K HAM STREET ACCRESS STREET ACCORDESS. POST OFFICE BOX 429 Cary-ST-ZIP JENSEN BEACH FL 34957 CHY-ST-ZIP ☐ Change ☐ Addisi TITLE Delete THE U00000516950 05/01/06-80024-023 150.00 NAME NAME DEERMAN, JOSEPH SUBJECT ADDRESS 1591 SW EGRET WAY STHEET ADDRESS CRY-ST-ZIP CCTY-ST-ZIP PALM CITY FL 34990 DEG TITLE ☐ Change ☐ Mddic ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CBY-ST-2IP ☐ Change ☐ Addica TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-S1-71P CITY-ST-ZIP Aram ☐ Change TITLE 311/2 Celele NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZIP CUY-SI- AP Ağdili. SHEE Change Delete 33Ta F NAME NAME STREET ADDRESS STRELL ACCRESS CHY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filing does not quality 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 cath, that I am an officer or director of the corporation or the receiver or trustee ampowered 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.

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SIGNATURE:>

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