


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P02000124454 1. Entity Name PALM CITY PHYSICAL THERAPY, INC.	
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Principal Place of Business 2684 SW EMMANUEL DRIVE PALM CITY, FL 34990	Mailing Address PO BOX 429 JENSEN BEACH, FL 34957
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-P CR2E034 (11/05)


4. FEI Number 32-0044086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent

DEERMAN, KAY K
1591 S.W. EGRET WAY
PALM CITY, FL 34990

**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:  (NOTE: Registered Agent signature required when reinstating)

DATE:  6/18/08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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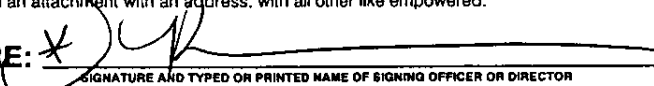
10. OFFICERS AND DIRECTORS

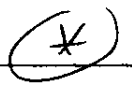
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEERMAN, KAY K POST OFFICE BOX 429 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEERMAN, JOSEPH 1591 SW EGRET WAY PALM CITY, FL 34990
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08/26/08--01005--028 **150.00

**DO NOT WRITE
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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:  (NOTE: Registered Agent signature required when reinstating)

DATE:  6/18/08

Daytime Phone #