2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90059 012 ***150.00

DOCUMENT # P03000011770

1. Entity Name
TRITTSCHUH PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
890 N BOUNDARY AVE STE 200 DELAND, FL 32720	890 N BOUNDARY AVE STE 200 DELAND, FL 32720

02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1435 Turkey Oak Run Suite, Apt. #, etc.
City & State	DeLand, FL City & State
Zip / Country	32720 / USA Zip / Country

4. FEI Number 65-1171140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRITTSCHUH, JOHN C
890 N BOUNDARY AVE STE 200
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1435 Turkey Oak Run

City DeLand **FL** Zip Code 32720

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRITTSCHUH, JOHN C 890 N BOUNDARY AVE STE 200 DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1435 Turkey Oak Run DeLand, FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRITTSCHUH, SUSANNA E 890 N BOUNDARY AVE STE 200 DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1435 Turkey Oak Run DeLand, FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFF TRITTSCHUH, JENNIFER E STORE TVEITVELEN 186 PARADIS, NORWAY, 5231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFF TRITTSCHUH, JOHN L 6837 MAPLE TERRACE WAUWATOSA, WI 53213	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: John C. Trittschuh 1/26/06 3867383456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #