


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90417 034 ***150.00

DOCUMENT # P03000011770			
1. Entity Name TRITTSCHUH PHYSICAL THERAPY, INC.			
Principal Place of Business 890 N BOUNDARY AVE STE 200 DELAND, FL 32720		Mailing Address 1435 TURKEY OAK RUN DELAND, FL 32720	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Oak</i> <i>143 Live Oak ct.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>New Smyrna Bch FL</i>	
Zip	Country	Zip <i>32168</i>	Country
6. Name and Address of Current Registered Agent TRITTSCHUH, JOHN C 1435 TURKEY OAK RUN DELAND, FL 32720		7. Name and Address of New Registered Agent Name <i>Jeffrey R Berner</i> Street Address (P.O. Box Number is Not Acceptable) <i>143 Live Oak ct.</i> City <i>New Smyrna</i> FL Zip Code <i>32168</i>	
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 <i>John C Trittschuh</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Jeffrey R Berner</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if re-appointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 1435 TURKEY OAK RUN DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roger B Grover 890 N Boundary Ave STE 200 Deland FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRITTSCHUH, SUSANNA E 1435 TURKEY OAK RUN DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VP/CFO Jeffrey R Berner 143 Live Oak Ct New Smyrna Beach FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF TRITTSCHUH, JENNIFER E STORE TVEITVELEN 186 PARADIS, NORWAY, 5231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF TRITTSCHUH, JOHN L 6837 MAPLE TERRACE WAUWATOSA, WI 53213 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jeffrey R Berner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/24/07 386 295-8160 Date Daytime Phone #	