

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90049 006 \*\*\*150.00

40013239



01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000021956</b> 1. Entity Name <b>ADVANCED PHYSICAL THERAPY &amp; REHAB OF LEE, INC.</b>					
Principal Place of Business 6314 WHISKEY CREEK DR UNIT D FT MYERS, FL 33919-8710			Mailing Address 6314 WHISKEY CREEK DR UNIT D FT MYERS, FL 33919-8710		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>48-1301450</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent  <b>ZELLER, THOMAS S</b> <b>6314 WHISKEY CREEK DR UNIT D</b> <b>FT MYERS, FL 33919-8710</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZELLER, THOMAS S 6314 WHISKEY CREEK DR UNIT D FT MYERS, FL 339198710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Thomas S. Zeller, President</u> THOMAS S. ZELLER, PRESIDENT</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>2/2/05</u> Daytime Phone # <u>2394320556</u>	