

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021956

FILED
Feb 08, 2006
Secretary of State

Entity Name: ADVANCED PHYSICAL THERAPY & REHAB OF LEE, INC.

Current Principal Place of Business:

6314 WHISKEY CREEK DR UNIT D
FT MYERS, FL 339198710

New Principal Place of Business:

Current Mailing Address:

6314 WHISKEY CREEK DR UNIT D
FT MYERS, FL 339198710

New Mailing Address:

FEI Number: 48-1301450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLER, THOMAS S
6314 WHISKEY CREEK DR UNIT D
FT MYERS, FL 339198710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ZELLER, THOMAS S
Address: 6314 WHISKEY CREEK DR UNIT D
City-St-Zip: FT MYERS, FL 339198710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S. ZELLER

PRES

02/08/2006

Electronic Signature of Signing Officer or Director

Date