

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000042697 1. Entity Name SENIOR FIRST PHYSICAL THERAPY CORP.					
Principal Place of Business 1892-H ABBEY RD. WEST PALM BEACH, FL 33415			Mailing Address 1892-H ABBEY RD. WEST PALM BEACH, FL 33415		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 45-0512484	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. 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.				7. Name and Address of New Registered Agent	
8. Name and Address of Current Registered Agent POZO, T. RUBEN 1892-H ABBEY RD. WEST PALM BEACH, FL 33415				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent not (if applicable) (NOTE: Registered Agents sign only when relinquishing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD POZO, T. RUBEN 1892-H ABBEY RD. WEST PALM BEACH, FL 33415		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u><i>Ruben Pozo</i></u> 4/27 561-964-2526 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					