



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000049497</b> 1. Entity Name <b>DAVID STEVENSON PHYSICAL THERAPY, INC.</b>		
Principal Place of Business <b>777 S PALM AVE UNIT 10 SARASOTA, FL 34236</b>	Mailing Address <b>777 S PALM AVE UNIT 10 SARASOTA, FL 34236</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>MAZZARANTANI, GEORGE H ESQ. GEORGE H. MAZZARANTANI, PA 777 SOUTH PALM AVE STE 2 SARASOTA, FL 34236</b>		<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEVENSON, DAVID B 777 S PALM AVE UNIT 10 SARASOTA, FL 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS STEVENSON, SANTA M 777 S PALM AVE, SUITE 10 SARASOTA, FL 34236</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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 another like empowered.</b>		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/20/6</b> <small>Date</small> <small>Daytime Phone #</small>



04052006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>51-0464404</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000530263  
05/05/06-80110-007 150.00

**DO NOT WRITE  
IN THIS SPACE**