

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000049497

1. Entity Name
DAVID STEVENSON PHYSICAL THERAPY, INC.



Principal Place of Business
**777 S PALM AVE UNIT 10
SARASOTA, FL 34236**

Mailing Address
**777 S PALM AVE UNIT 10
SARASOTA, FL 34236**

FILED
Apr 18, 2007 08:00 AM
Secretary of State



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**MAZZARANTANI, GEORGE H ESQ.
GEORGE H. MAZZARANTANI, PA
777 SOUTH PALM AVE STE 2
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEVENSON, DAVID B
STREET ADDRESS	777 S PALM AVE UNIT 10
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VS
NAME	STEVENSON, SANTA M
STREET ADDRESS	777 S PALM AVE, SUITE 10
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000713800
04/26/07-80103-024 150.00

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID B. STEVENSON, President

3.21.2007 941.330.1677

Date

Daytime Phone #