

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 031 ***150.00

DOCUMENT # P03000085368

1. Entity Name
TEQUESTA PHYSICAL THERAPY INC.



Principal Place of Business
395 TEQUESTA DR
TEQUESTA, FL 33469

Mailing Address
395 TEQUESTA DR
TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3770207

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEEHAN, SUSAN
6889 150TH PLACE, NORTH
PALM BEACH GARDEN, FL 33418

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

(NOTE: Registered Agent signature required when re-registering)

4/17/05
DATE

**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

TITLE D
NAME SHEEHAN, SUSAN
STREET ADDRESS 6889 150TH PLACE NORTH
CITY-ST-ZIP PALM BEACH GARDEN, FL 33418

TITLE ~~D~~
NAME ~~FLORES, OSCAR M~~
STREET ADDRESS ~~2065 CEZANNE RD.~~
CITY-ST-ZIP ~~WEST PALM BEACH, FL 33409~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: *Susan Sheehan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05
Date

561 747-5033
Daytime Phone #