

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90010 012 ***150.00

DOCUMENT # P03000089772

1. Entity Name
LANA L. TURNER PHYSICAL THERAPY, INC.



Principal Place of Business
**156 E INTERLAKE BLVD
LAKE PLACID, FL 33852**

Mailing Address
**126 DEANNA DR
LAKE PLACID, FL 33852**

54016289



2. Principal Place of Business

3. Mailing Address

PO Box 1463

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004

Chg-P

CR2E034 (10/03)

City & State

City & State

Lake Placid, FL

4. FEI Number

56-2401509

Applied For

Not Applicable

Zip

Country

Zip

Country

33862

Highlands

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, LANA L
126 DEANNA DR
LAKE PLACID, FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**D
TURNER, LANA L
126 DEANNA DR
LAKE PLACID, FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P D
Turner, Lana L.
126 Deanna Dr
Lake Placid, FL 33852** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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:

Lana L. Turner President

President

3/5/04

863-699-6255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #