

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089772

FILED
Mar 02, 2005
Secretary of State

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

Current Principal Place of Business:

156 E INTERLAKE BLVD
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 1463
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 56-2401509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TURNER, LANA L
130 MURRAY CT. NW
LAKE PLACID, FL 33852 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/02/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURNER, LANA L
Address: 126 DEANNA DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURNER, LANA L
Address: 130 MURRAY CT. NW
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANA L. TURNER

Electronic Signature of Signing Officer or Director

PRES

03/02/2005

Date