


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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| 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 PO BOX 1463 LAKE PLACID, FL 33862 | |

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 56-2401509 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TURNER, LANA L 130 MURRAY CT. NW LAKE PLACID, FL 33852 |
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 01/28/08-80023-023 150.00

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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: Lana L. Turner Lana L. Turner 1/22/08 863-699-6055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #