

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90336 045 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000098334 1. Entity Name CORE CONCEPTS PHYSICAL THERAPY & PILATES, INC.																					
Principal Place of Business 5322 COBALT COURT CAPE CORAL FL 33904			Mailing Address 5322 COBALT COURT CAPE CORAL FL 33904																		
2. Principal Place of Business 5280 Concord Way Suite, Apt. #, etc.		3. Mailing Address 5280 Concord Way Suite, Apt. #, etc.																			
City & State Fort Myers, FL Zip 33907 Country Lee		City & State Fort Myers, FL Zip 33907 Country Lee		4. FEI Number 51-0483111																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent BEBBER, KELLY A 5322 COBALT COURT CAPE CORAL FL 33904			7. Name and Address of New Registered Agent Name PATRICIA A. CURR Street Address (P.O. Box Number is Not Acceptable) 5280 CONCORD WAY City FT. MYERS, FL Zip Code 33907																		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																		
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/5/04 Daytime Phone # 239-574-0317																		