


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 026 ***550.00

DOCUMENT # P03000108332 1. Entity Name PHYSICAL THERAPY FOR YOU, INC.	
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Principal Place of Business
1090 WOODBINE WAY APT. 1009
PALM BEACH GARDENS, FL 33418
WEST PALM BEACH, FL 33409

Mailing Address
1739 VILLAGE BLVD #112
APT. 1009
PALM BEACH GARDENS, FL 33418
WPD, 33409

50066672



DO NOT WRITE IN THIS SPACE

08132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0293650	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
JEAN, NATHALIE
1090 WOODBINE WAY APT. 1009
PALM BEACH GARDENS, FL 33418
WEST PALM BEACH 33409

**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: Nathalie Jean DATE: 9/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST JEAN, NATHALIE 1090 WOODBINE WAY APT. 1009 PALM BEACH GARDENS, FL 33418
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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: Nathalie Jean President DATE: 9/2/05 DAYTIME PHONE: 561-667-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR