


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90094 030 ***150.00

DOCUMENT # P03000114993					
1. Entity Name SCHWARZ PHYSICAL THERAPY SERVICES, INC.					
Principal Place of Business 2249 KATHERINE ST FT. MYERS FL 33901			Mailing Address 2249 KATHERINE ST FT. MYERS FL 33901		
2. Principal Place of Business 3501 Heath Ctr Blvd		3. Mailing Address PO Box 2123			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bonita Springs, FL		City & State Lehigh Acres, FL			
Zip 34135	Country USA	Zip 33972	Country USA		
6. Name and Address of Current Registered Agent SCHWARZ, PATRICIA K 2249 KATHERINE ST. FT. MYERS FL 33901			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	SCHWARZ, PATRICIA K				
STREET ADDRESS	2249 KATHERINE ST.				
CITY-ST-ZIP	FT. MYERS FL 33901				
TITLE	<input type="checkbox"/> Delete				
NAME					
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CITY-ST-ZIP					
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TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



1st MOORE CR2E034 (10/04)

4. FEI Number **54-2138443** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.02.05