

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008191

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** ADVANCED PHYSICAL THERAPY OF PALMETTO, INC.

**Current Principal Place of Business:**

908 RIVERSIDE DR  
SUITE 430  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

908 RIVERSIDE DR  
SUITE 430  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 20-0587850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALICA-DEVINE, KATHLEEN  
7338 PERIWINKLE DR  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** GALICA-DEVINE, KATHLEEN  
**Address:** 7338 PERIWINKLE DR  
**City-St-Zip:** SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** KATHLEEN GALICA-DEVINE

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04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date