


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90096 048 ***150.00

DOCUMENT # P05000164277 1. Entity Name CLAY PHYSICAL THERAPY, P.A.					
Principal Place of Business 786 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32067			Mailing Address 786 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32067		
2. Principal Place of Business - No P.O. Box # 1626 Sheffield PL		3. Mailing Address P.O. Box 505			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORANGE PARK FL		City & State ORANGE PARK, FL		4. FEI Number 57-1227103	
Zip 32073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIMKO, LAURIE V 786 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Laurie Shimko owner/President</u> DATE _____ <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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMKO, LAURIE V 786 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIE SHIMKO 1626 Sheffield PL. ORANGE PARK, FL 32073
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMKO, JOSEPH JR. 786 BLANDING BLVD SUITE 112 ORANGE PARK, FL 32067	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Shimko Jr. 1626 Sheffield PL ORANGE PARK, FL 32073
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Laurie Shimko</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date <u>1/18/07</u> Daytime Phone # <u>904276-4546</u>		

40004177



01172007 Chg-P CR2E034 (12/06)