


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90189 036 ***150.00

DOCUMENT # P93000085464 1. Entity Name HAND THERAPY CENTERS OF FLORIDA, INC.	
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Principal Place of Business 6624 WAKEFIELD DRIVE FORT MYERS, FL 33912 US	Mailing Address 6624 WAKEFIELD DRIVE FORT MYERS, FL 33912 US
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14004515



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04252005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 65-0453562	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent TUFARO, MICHAEL E 6624 WAKEFIELD DRIVE FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 TUFARO, MICHAEL E 6624 WAKEFIELD DRIVE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael Tufaro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

Daytime Phone #