


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000046420 1. Entity Name BONITA SPRINGS SPORTS AND PHYSICAL THERAPY CENTER, INC.	
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0500595	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLASSEN, CHARLES L
26201 S TAMiami TrL
STE 1
BONITA SPRINGS, FL 34134

**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

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

TITLE	D
NAME	KLASSEN, CHARLES L
STREET ADDRESS	24720 BAY BEAN COURT
CITY- ST- ZIP	BONITA SPRINGS, FL

TITLE	D
NAME	KLASSEN, SANDRA L
STREET ADDRESS	24720 BAY BEAN COURT
CITY- ST- ZIP	BONITA SPRINGS, FL

TITLE	D
NAME	DIORIO, DOMINIC JR
STREET ADDRESS	26406 CLARKSTON DRIVE
CITY- ST- ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000299499
04/11/05-80111-002 158.75

**DO NOT WRITE
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:

Dominic DiOrto Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

(235) 498-0558
Daytime Phone