

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046420

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** BONITA SPRINGS SPORTS AND PHYSICAL THERAPY CENTER, INC.

**Current Principal Place of Business:**

26201 S TAMIAMI TRL  
STE 1  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

26201 S TAMIAMI TRL  
STE 1  
BONITA SPGS, FL 34134 US

**New Mailing Address:**

**FEI Number:** 65-0500595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLASSEN, CHARLES L  
26201 S TAMIAMI TRL  
STE 1  
BONITA SPRINGS, FL 34134 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: KLASSEN, CHARLES L  
Address: 207 SAN MATEO DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: KLASSEN, SANDRA L  
Address: 207 SAN MATEO DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: DIORIO, DOMINIC JR  
Address: 26406 CLARKSTON DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

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

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:** CHARLES L KLASSEN

VP

01/07/2009

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

\_\_\_\_\_  
Date