

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90045 016 ***150.00

DOCUMENT # P94000084171

1. Entity Name

PROFESSIONAL THERAPY ASSOCIATES, INC.



Principal Place of Business

119 PUFFIN COURT
ROYAL PALM BEACH FL 33411
US

Mailing Address

119 PUFFIN COURT
ROYAL PALM BEACH FL 33411
US

54027885



MOORE CR2E034 (11/03)

2. Principal Place of Business

2234 SHOMAD DR
Suite, Apt. #, etc.
WELLINGTON, FL
City & State
33414
Zip

3. Mailing Address

P.O. BOX 210334
Suite, Apt. #, etc.
R.P.B., FL 33421
City & State

4. FEI Number 65-0538521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, A. PATRICIA N.
119 PUFFIN COURT
ROYAL PALM BEACH FL 33411

2234 SHOMAD DR
WELLINGTON, FL
33414

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 *A. Patricia Morn Walker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, A. PATRICIA N.	
STREET ADDRESS	2234 SHOMAD DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *A. Patricia Morn Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 561-754-2765
Date Daytime Phone #