

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000007260

1. Entity Name  
WEST SUNRISE PHYSICAL THERAPY, INC.



Principal Place of Business

5975 W SUNRISE BLVD  
SUITE 104  
SUNRISE, FL 33313

Mailing Address

5975 W SUNRISE BLVD  
SUITE 104  
SUNRISE, FL 33313



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0548252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MESTER, BRADLEY  
5975 W SUNRISE BLVD  
SUITE 104  
SUNRISE, FL 33313

**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	P
NAME	MESTER, BRADLEY
STREET ADDRESS	5975 W SUNRISE BLVD, SUITE 104
CITY-ST-ZIP	SUNRISE, FL 33313

TITLE	DVP
NAME	MESTER, DALE
STREET ADDRESS	5975W. SUNRISE BLVD. STE. #104
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-581-4776