FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90190 038 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000040348

1. Entity Name
LAKE AREA PHYSICAL THERAPY, INC.

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Principal Place of Business	Mailing Address
HIGHWAY 26 AND CENTER COURT MELROSE, FL 32666	P.O. BOX 1099 MELROSE, FL 32666 US

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3378279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, LAURA 25727 NE SR 26 MELROSE, FL 32666	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 ______________________
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, 2006 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 WATSON, WILLIAM B III 527 EAST UNIVERSITY AVENUE GAINESVILLE, FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 4/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Orian Wells

ATTACHMENT

Certified Public Accountants
1216 Northwest 13th Street
Gainesville, FL 32601
Phone: 352.374.6789
Fax: 352.374.6645

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April 20, 2006

Dear Client:

According to our most recent review with the state of Florida, Division of corporations, we have determined that your annual report has not been filed.

Enclosed is an annual report for the calendar year 2006. Please review the names and addresses of the officers making any corrections to the right side of the report.

Prepare a check made payable to the FLORIDA DEPARTMENT OF STATE in the Amount of $150.00. Sign, print name and date at the bottom of the return. Mail the return with check by May 1, 2006. This is extremely important because after this date the amount is increased to $550.00. Mail the completed report with check to the following address:

Division of Corporations
P.O Box 6198
Tallahassee, Florida 32314

Please make a copy of both the check and report for both your files and ours, and mail a copy back to our office as soon as possible.

If you have any questions feel free to call.

Sincerely yours,

Orian P. Wells & Company, P.A.
Certified Public Accountants.