

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90190 038 ***150.00

DOCUMENT # P96000040348

1. Entity Name
LAKE AREA PHYSICAL THERAPY, INC.



Principal Place of Business
HIGHWAY 26 AND CENTER COURT
MELROSE, FL 32666

Mailing Address
P.O. BOX 1099
MELROSE, FL 32666 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04192006

Chg-P

CR2E034 (11/05)

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

HODGES, LAURA
25727 NE SR 26
MELROSE, FL 32666

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

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

TITLE D ☐ Delete
NAME WATSON, WILLIAM B III
STREET ADDRESS 527 EAST UNIVERSITY AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06

Orian Wells

ATTACHMENT

Certified Public Accountants

1216 Northwest 13th Street

Gainesville, FL 32601

Phone: 352.374.6789

Fax: 352.374.6645

April 20, 2006

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#P016000040348

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.

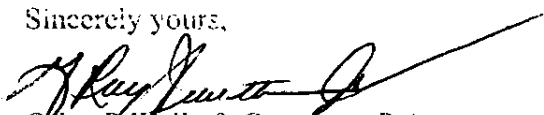
Prepare a check made payable to the FLORIDA DEPARTMENT OF STATE in the Amount of \$150.00. Sign, print name and date at the bottom of the return. Mail the return with check by May 1, 2006. This is extremely important because after this date the amount is increased to \$550.00. Mail the completed report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