

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000076440

1. Entity Name

WELCH & MCLOY THERAPY SERVICES, P.A.



Principal Place of Business

6646 US 19  
NEW PORT RICHEY, FL 34652

Mailing Address

P.O. BOX 1502  
NEW PORT RICHEY, FL 34656



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3408008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**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

U000000379054  
01/10/06-80006-016 150.00

**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	PD
NAME	MCLOY, MARGARET A
STREET ADDRESS	6646 US 19 P.O. BOX 1502
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656

TITLE	VD
NAME	CRUZ-COOPER, CHRISTINE
STREET ADDRESS	6646 US 19 P.O. BOX 1502
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656

TITLE	STD
NAME	MCLOY, RICHARD J
STREET ADDRESS	6646 US 19 P.O. BOX 1502
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 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 #

1/4/2006

727 848 6747