"2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000077630

1. Entity Name

APRIL L. PERRYMAN, M.S.P.T., P.A.



FILED Mar 02, 2006 08:00 Al Secretary of State

727-849-4864

Principal Place of Business

23

7720 WASHINGTON ST.

SUITE 103 PORT RICHEY, FL 34668 Mailing Address

7720 WASHINGTON ST.

SUITE 103

PORT RICHEY, FL 34668



01112006	No Cha-P	CR2F034 (11/05)	

4. FEI Number Applied For S9-3400731 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE: VILLE TO SIGNATURE AND THE CON PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR PROPERTY OF DIRECTOR PROPERTY OF SIGNING OFFICER OR DIRECTOR PROPERTY OR DIRECTOR PROPERTY OF SIGNING OFFICER OR DIRECTOR PROPERTY OF SIGNING OFFICER OR DIRECTOR PROPERTY OR DIRECTOR PROPERTY OF SIGNING OFFICER OR DIRECTOR PROPERTY OR DIRECTOR PR

PERRYMAN, APRIL L M.S.P.T 7720 WASHINGTON ST. SUITE 103 PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

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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 it	applicable. (NOTE: Registered	Agent elgristure	required when rendating)	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRYMAN, APRIL L M.S.P.T 5445 STAG THICKETT LN PALM HARBOR, FL 34685				Unnn00453839			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE HAME STREET ADDRESS CITY-ST-ZP								
TITLE 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.								