

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 021 ***150.00

DOCUMENT # P96000077630

1. Entity Name
APRIL L. PERRYMAN, M.S.P.T., P.A.



Principal Place of Business
~~7720 WASHINGTON ST.~~
~~SUITE 103~~
~~PORT RICHEY, FL 34668~~

Mailing Address
7720 WASHINGTON ST.
SUITE 103
PORT RICHEY, FL 34668

50001506



2. Principal Place of Business - No P.O. Box #
8139 SR 54
 Suite, Apt. #, etc.

3. Mailing Address
8139 SR 54
 Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State
New Port Richey, FL
 Zip
34655
 Country
PASCO

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New Port Richey, FL
 Zip
34655
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PASCO

4. FEI Number
59-3400731
 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

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
8139 SR 54
 City
New Port Richey **FL** Zip Code
34655

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PERRYMAN, APRIL L M.S.P.T 5445 STAG THICKETT LN PALM HARBOR, FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: April L. Perryman **APRIL L. PERRYMAN MSPT** 4/16/07 (727) 375-0600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT