


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 045 ***150.00

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



Principal Place of Business
8139 SR 54
NEW PORT RICHEY, FL 34655

Mailing Address
8139 SR 54
NEW PORT RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3400731

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

01072008 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

PERRYMAN, APRIL L M.S.P.T
8139 SR 54
NEW PORT RICHEY, FL 34655

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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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: April Perryman APRIL L. PERRYMAN MSPT ✓ 1/23/08 727-375-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT