

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077630

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

8139 SR 54  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

5445 STAG THICKETT LANE  
PALM HARBOR, FL 34685 US

**Current Mailing Address:**

8139 SR 54  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

5445 STAG THICKETT LANE  
PALM HARBOR, FL 34685 US

**FEI Number:** 59-3400731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PERRYMAN, APRIL L M.S.P.T  
5445 STAG THICKETT LANE  
PALM HARBOR, FL 34685 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/25/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERRYMAN, APRIL L M.S.P.T  
Address: 5445 STAG THICKETT LN  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL L. PERRYMAN, MSPT

Electronic Signature of Signing Officer or Director

PRES

02/25/2009

Date