

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 045 ***150.00

DOCUMENT # P97000058921					
1. Entity Name GREATER ORLANDO THERAPY CLINIC, INC.					
Principal Place of Business GREATER ORLANDO THERAPY CLINIC INC 445 OSCEOLA STREET ALTAMONTE SPRINGS, FL 32701			Mailing Address GREATER ORLANDO THERAPY CLINIC INC 445 OSCEOLA STREET ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business 457 Victor Ave Suite, Apt. #, etc.		3. Mailing Address 457 Victor Ave Suite, Apt. #, etc.			
City & State LONGWOOD FL 32750		City & State LONGWOOD FL 32750		4. FEI Number 59-3458810	
Country SCARHILL		Country SCARHILL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLOW, JOAN 735 SWAN LAKE ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name: CLOW, JOAN Street Address (P.O. Box Number is Not Acceptable): 457 Victor Ave City: LONGWOOD FL Zip Code: 32750		
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: <u>Joan A. Clow</u> DATE: <u>7-01-06</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CLOW, CHARLES E 735 SWAN LAKE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CLOW, CHARLES E. 457 Victor Ave LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Joan A. Clow, Pres.</u> <u>Joan A. Clow</u> <u>7-1-06</u> <u>407-261-5471</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					