

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P97000065464

1. Entity Name
A & P PHYSICAL THERAPY AND REHAB, INC.



Principal Place of Business

**2030 DOYLE RD
DELTONA, FL 32738**

Mailing Address

**2030 DOYLE RD
DELTONA, FL 32738**



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3463048

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIDULO, PETER V III
2030 DOYLE RD
DELTONA, FL 32738**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable

PET PETER V. DIDULO III - PRESIDENT

(NOTE: Registered Agent signature required when resigning)

03/17/08

DATE

**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**

**U000000866932
04/08/08-80050-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DIDULO, PETER V III**
STREET ADDRESS **2030 DOYLE RD**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 errata, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PET PETER V. DIDULO III PRESIDENT 3/17/08 386-9561170

Date

Daytime Phone #