

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90043 007 \*\*\*150.00

**DOCUMENT # P97000078683**

1. Entity Name  
PHYSIO-MED PHYSICAL THERAPY, INC.



Principal Place of Business  
P.O. BOX 96  
MOUNT DORA, FL 32757 US

Mailing Address  
P.O. BOX 96  
MOUNT DORA, FL 32757 US

94033144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3480007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

S.S.K. ACCOUNTING  
40 SOUTH DEWEY STREET  
EUSTIS, FL 32726

Name  
HAROLD ZWART

Street Address (P.O. Box Number is Not Acceptable)  
1705 IMPERIAL PALM DRIVE

City  
APOPKA

FL

Zip Code  
32779

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, typed or printed name of registered agent and title is acceptable.

Dieter Tepaske, President

3/17/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ZWART, HARM  
STREET ADDRESS 1705 IMPERIAL PALM DR.  
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME PASKE, DIETER T  
STREET ADDRESS 236 CHURCHILL DR.  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 9 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Dieter Tepaske, President

Date

Daytime Phone #