

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000005158

1. Entity Name
AMERICAN HOME THERAPY PROVIDER, INC.



Principal Place of Business
**3380 TAMiami TRAIL
SUITE C
PORT CHARLOTTE, FL 33952**

Mailing Address
**3380 TAMiami TRAIL
SUITE C
PORT CHARLOTTE, FL 33952**



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0804860** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENANO, EDGAR
3380 TAMiami TRAIL
SUITE C
PORT CHARLOTTE, FL 33952**

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
PENANO, EDGAR
3380 TAMiami TRAIL SUITE C
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
PENANO, GRACE
3380 TAMiami TRAIL SUITE C
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/02/04-80004-022 150.00

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IN THIS SPACE**

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #