

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90024 007 \*\*\*150.00

**DOCUMENT # P98000103328**

1. Entity Name  
**WOOLBRIGHT PHYSICAL THERAPY INC.**



Principal Place of Business  
**3591 WOOLBRIGHT RD.  
SUITE A  
BOYNTON BEACH, FL 33436**

Mailing Address  
**3591 WOOLBRIGHT RD.  
SUITE A  
BOYNTON BEACH, FL 33436**



07112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0882403**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**YBANEZ, RAY  
3591 WOOLBRIGHT RD. SUITE A  
BOYNTON BEACH, FL 33436**

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**PD  
YBANEZ, RAY  
3591 WOOLBRIGHT RD SUITE A  
BOYNTON BEACH, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 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

**7/11/05**  
Date

Daytime Phone #



ATTACHMENT  
WOOLBRIGHT PHYSICAL THERAPY

3591 WOOLBRIGHT ROAD, BOYNTON BEACH, FL 33436  
TEL. NO. (561) 742-3345 FAX NO. (561) 742-8933

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# p98 000103328

July 11, 2005

Divisions of Corporation  
P.O. Box 6198  
Tallahassee, FL 32314

To Whom It May Concern:

This is to inform you that we did not receive the Annual Report this year (that is generally mailed out in January). At this time, I would like to request that you waive the late fees for this reason.

Enclosed you will find our check #4863 in the amount of \$150.00 for the filing of our company's annual report for 2005.

Please check to see if you have our correct name and mailing address in your system.

Thank you in advance for your consideration of this matter. If you have any questions please feel free to call me at 561-742-3345.

Sincerely,

Ray S. Ybanez P.T., President