

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000003230

1. Entity Name

JENSEN PHYSICAL THERPY, INC.



Principal Place of Business

702 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

702 JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0896407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMPSON, CRAIG
2101 S.E. HERRON AVE.
PORT ST.LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME SAMPSON, CRAIG
STREET ADDRESS 2101 SE HERRON AVE
CITY- ST- ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Delete
NAME KRUMBHOLZ, KATHLEEN
STREET ADDRESS 2550 SE GRAND DRIVE
CITY- ST- ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete
NAME MORRISON, NORMA
STREET ADDRESS 26 HIGH STREET APT.2
CITY- ST- ZIP BRISTOL RI 02809

TITLE ☐ Delete
NAME DARRESS, LEILA
STREET ADDRESS 4755 26TH STREET
CITY- ST- ZIP VERO BEACH FL 32966

TITLE ☐ Delete
NAME GIBSON, SALLY
STREET ADDRESS 1261 SE CORAL REEF STREET
CITY- ST- ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Delete
NAME HASELL, GLENN C
STREET ADDRESS 2646 SW MAPP ROAD, STE. 204
CITY- ST- ZIP PALM CITY FL 34990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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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 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

1-20-05 772-2258908

Date

Daytime Phone if