

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90313 030 \*\*\*150.00

**DOCUMENT # P99000003230**

1. Entity Name

JENSEN PHYSICAL THERAPY, INC.



Principal Place of Business

702 JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957

Mailing Address

702 JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957

60040030



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0896407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

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

*Craig Sampson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	D	<input type="checkbox"/> Delete
NAME	SAMPSON, CRAIG	
STREET ADDRESS	2101 SE HERRON AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUMBHOLZ, KATHLEEN	
STREET ADDRESS	2550 SE GRAND DRIVE	
CITY-ST-ZIP	PORT ST.LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, NORMA	
STREET ADDRESS	26 HIGH STREET APT.2	
CITY-ST-ZIP	BRISTOL RI 02809	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARRESS, LEILA	
STREET ADDRESS	4755 26TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, SALLY	
STREET ADDRESS	1261 SE CORAL REEF STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASELL, GLENN C	
STREET ADDRESS	2646 SW MAPPLE ROAD, STE. 204	
CITY-ST-ZIP	PALM CITY FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dominick Marchesello	
STREET ADDRESS	3797 SW Carmody St.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

*Craig Sampson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

7722258908

Daytime Phone #