

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90038 040 ***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



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0896407

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

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

4-26-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 NAME STREET ADDRESS CITY-STATE-ZIP	D SAMPSON, CRAIG 2101 SE HERRON AVE PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KRUMBHOLZ, KATHLEEN 2550 SE GRAND DRIVE PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	O MANCHESIELLO, DOMINICK 3797 SW CARMONDY ST PORT SAINT LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DARRESS, LEILA 4755 26TH STREET VERO BEACH FL 32966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GIBSON, SALLY 1261 SE CORAL REEF STREET PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HASELL, GLENN C 2646 SW MAPP ROAD, STE. 204 PALM CITY FL 34990	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Craig Sampson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7722258908