2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9900003230

1. Entity Name

JENSEN PHYSICAL THERAPY, INC.



FILED
May 02, 2008 08:00 AN
Secretary of State

Pencipal Place of Business		Mailing Address					
702 JENSEN BEACH BLVD. JENSEN BEACH FL 34957		702 JENSEN BEACH BLVD, JENSEN BEACH FL 34957					[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			THIS INIT BOTH BRICK BRICK BOTH GRIEGE		
Suite, Apt. #, etc.		Suite, Apt. #. etc.		1st MC	1st MOORE CR2E034 (10/07)		
City & State		Ciry & State		4. FEI Number 6	FEI Number 65-0896407 Applied For Not Applicable		
Zip	Country	Zιp	Country	5. Certificate of St	ams Desired 1 1	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New Registered A	Agent	
			Name				
SAMPSON, CRAIG 2101 S.E. HERRON AVE. PORT ST.LUCIE FL 34952			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			City			Zip Coo	le
			CRY		FL		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I am t	familiar with,	, and accept
SIGNATURE .	Signature, typed or printed Hank, or log shried riger La	ritile l'amplication (NOTE	Registered Agent signatur	n regularen sehen rolmstaturg -	DATE		
After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financi Frust Fund Centribution.		.00 May Be ed to Fees
10.	OFFICERS AND D	VDCOTORS					
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

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