2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 12, 2008 8:00 am
Secretary of State
02-14-2008 90020 028 ***150.00

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1. Entity Name
PROGRESSIVE PHYSICAL THERAPY SERVICE, INC.

Principal Place of Business	Mailing Address
17751 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	23298 GARRISON AVE. PORT CHARLOTTE, FL 33954

DO NOT WRITE IN THIS SPACE

02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0970368
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOFFIN, WAYNE A
23298 GARRISON AVE.
PT. CHARLOTTE, FL 33954

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

FILE NUMBER FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOFFIN, WAYNE A
STREET ADDRESS	23298 GARRISON AVE.
CITY-ST-ZIP	PT. CHARLOTTE, FL 33954
TITLE	D
NAME	GOFFIN, BARBARA
STREET ADDRESS	23298 GARRISON AVE.
CITY-ST-ZIP	PT. CHARLOTTE, FL 33954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Wayne Goffin Wayne Goffin 3-9-08 941-743-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #