

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109914

FILED
Apr 10, 2006
Secretary of State

Entity Name: KUNKEL PHYSICAL THERAPY, INC.

Current Principal Place of Business:

2617 NORTH FLAGLER DR
STE 112
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2617 NORTH FLAGLER DR
STE 112
WEST PALM BEACH, FL 33407 US

New Mailing Address:

1490 S W FLOUNDER LANE
PORT ST LUCIE, FL 34953 US

FEI Number: 65-0968596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, DAVID
505 S. FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUNKEL, KEVIN
Address: 2617 N FLAGLER DR STE 112
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN KUNKEL

P

04/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date