

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90119 002 \*\*\*150.00

**DOCUMENT # V26487**

1. Entity Name

ORLANDO PHYSICAL THERAPY, INC.



Principal Place of Business  
10244 E. COLONIAL DR.  
STE. 202  
ORLANDO FL 32817  
US

Mailing Address  
10244 E. COLONIAL DR.  
STE. 202  
ORLANDO FL 32817  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3117302

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**

SCHACK, JUDI M.  
4316 SANDHURST DRIVE  
ORLANDO FL 32817

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 PD  
NAME SCHACK, JUDI  
STREET ADDRESS 4316 SANDHURST DRIVE  
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Judi Schack 6/30/05 407-282-1003

Date

Daytime Phone #



June 30, 2005

Florida Department of State  
Divisions of Corporations  
Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

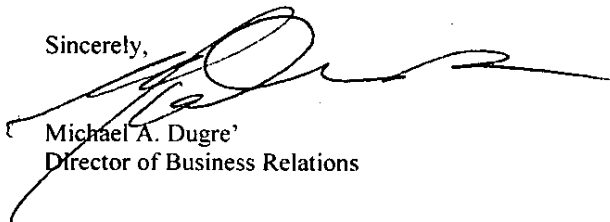
ATTACHMENT

#V26487  
50024799

To Whom It May Concern:

Please find enclosed The 2005 Annual Report for Orlando Physical Therapy Inc. Please except this document as filed in a timely manner. I requested this document from the department on three separate occasion's March 15, 2005 on the original notice card. I also requested it on June 10, 2005 by telephone with Kathy in your office, and June 17 with Pat Bailey. I have included the postmarked envelopes showing the reports mailed on June 23 and 24 respectively. Thank you in advance for your understanding in this matter.

Sincerely,



Michael A. Dugre  
Director of Business Relations