

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-03-2006 90204 046 ***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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 10151 University Blvd Suite, Apt. #, etc. # 129 City & State Orlando, FL 32817 Zip 32817 Country USA	
4. FEI Number 59-3117302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 PRESIDENT DATE 4/24/06 <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD SCHACK, JUDI 4316 SANDHURST DRIVE ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PRESIDENT		Date 06/12/06 Paying Phone # 107282-1003	