

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V51703

1. Entity Name
HOME PHYSICAL THERAPY SYSTEMS, INC.



**FILED
Mar 25, 2004 8:00 am
Secretary of State**

03-25-2004 90030 050 ***150.00

Principal Place of Business
3389 SHERIDAN ST. #258
HOLLYWOOD, FL 33021

Mailing Address

3389 SHERIDAN ST. #258
HOLLYWOOD, FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number 65-0364282	Applied For
	Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CALLA, WILLIAM
3213 LAUREL OAK LN.
HOLLYWOOD, FL 33021

Name **CALLA, WILLIAM**

Street Address (P.O. Box Number is Not Acceptable)

4115 BUCHANAN STREET

City **HOLLYWOOD** FL Zip Code **33021**

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: *William Calla*

President

3/12/04

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: CALLA, WILLIAM
STREET ADDRESS: 3213 LAUREL OAK LN
CITY-ST-ZIP: HOLLYWOOD, FL 33021

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: CALLA, WILLIAM
STREET ADDRESS: 4115 BUCHANAN STREET
CITY-ST-ZIP: HOLLYWOOD, FL 33021

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change Addition

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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: *William Calla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 954-554-4530

Date

Daytime Phone #