2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # V55089

1. Entity Name
ADVANCED PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
6050 BABCOCK STREET SUITE 5 PALM BAY, FL 32909 US	6050 BABCOCK STREET SUITE 5 PALM BAY, FL 32909 US

DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3135926
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHANEY, GLEN E.
202 N HARBOR CITY BLVD
STE 300
MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

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 NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000003887071
01/19/06-80023-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WILLS, BRUCE R.
STREET ADDRESS	972 WHISPEROAK DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	PST
NAME	HAKKILA, CAROL J.
STREET ADDRESS	3901 DIXIE HWY NE #204
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	VP
NAME	HAKKILA, EDWARD F.
STREET ADDRESS	3901 DIXIE HWY NE #204
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D
NAME	HAKKILA-WILLS, JEANNE M
STREET ADDRESS	972 WHISPEROAK DR
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol J. Hakkila Carol J. Hakkila President 1-12-2006 321-676-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #