

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722222

FILED
Apr 22, 2004
Secretary of State**Entity Name:** FLORIDA PHYSICAL THERAPY ASSOCIATION, INC.**Current Principal Place of Business:**1705 S. GADSDEN STREET
TALLAHASSEE, FL 32301 US**New Principal Place of Business:****Current Mailing Address:**1705 S. GADSDEN STREET
TALLAHASSEE, FL 32301 US**New Mailing Address:****FEI Number:** 59-6135438 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CROSBY, CRAIG
1705 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301 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**OFFICERS AND DIRECTORS:****Title:** VD () Delete
Name: MARSTON, COBURN
Address: 4820 HWY 19A STE 2
City-St-Zip: MT DORA, FL**Title:** S () Delete
Name: KIRTON, CHERLY
Address: 322 SW 32ND ST
City-St-Zip: OKEECHOBEE, FL 34974**Title:** T () Delete
Name: TULEY, KEN
Address: 991 BOTANY LN
City-St-Zip: ROCKLEDGE, FL 32955**Title:** D () Delete
Name: O'BANNON, ELLEN
Address: 300 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480**Title:** V () Delete
Name: CROSBY, CRAIG
Address: 1705 S GADSDEN
City-St-Zip: TALLAHASSEE, FL**Title:** P () Delete
Name: WALTERS, GARY
Address: 16434 SEGOVIA CIR SOUTH
City-St-Zip: PEMBROKE PINES, FL 33328**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VD (X) Change () Addition
Name: BEHAR, ESTHER FRANCIS
Address: PMB 114 16850-112 COLLINS AVE.
City-St-Zip: SUNNY ISLES BEACH, FL 33160-429**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: STOFF, MARK
Address: 2801 SE MARTIN SQUARE CORPORATE PARKWAY
City-St-Zip: SYUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. CRAIG CROSBY

V

04/22/2004

Electronic Signature of Signing Officer or Director_____
Date