2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# N21650

Entity Name: SECTION ON HEALTH POLICY & ADMINISTRATION OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 4553
MISSOULA, MT 598064553

New Principal Place of Business:

Current Mailing Address:

PO BOX 4553
MISSOULA, MT 598064553

New Mailing Address:

FEI Number: 34-1179218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTHUR, PARTICK R
UNIVERSITY OF FLORIDA-PHYSICAL THERAPY
12901 BRUCE B. DOWNS BOULEVARD MDC77
TAMPA, FL 336124766 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: S ( ) Delete
Name: LUEDTKE-HOFFMAN, KATHLEEN
Address: 7505 VISTA RIDGE COURT
City-St-Zip: GARLAND, TX 75044

Title: VPD ( ) Delete
Name: RESNIK, CHERYL
Address: 1540 EAST ALCAZAR CHP 155
City-St-Zip: LOS ANGELES, CA 90089

Title: PD ( ) Delete
Name: SMOTT, MARY
Address: 66 E PLUMSTEAD AVE
City-St-Zip: LANSDOWNE, PA 19050

Title: TD ( ) Delete
Name: DOBRZYKOWSKI, ED JR
Address: 8615 26TH ST APT 232
City-St-Zip: TACOMA, WA 98466

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SINOTT, MARY
Address: 66 E PLUMSTEAD AVE
City-St-Zip: LANSDOWNE, PA 19050

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN LUEDTKE-HOFFMAN S 01/05/2004
Electronic Signature of Signing Officer or Director — Date