2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# P96000035659

Entity Name: SUNCARE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

15450 NEW BARN RD.
#106
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

16570 NW 16TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

3995 SW 139 AVE.
DAVIE, FL 33330

FEI Number: 65-0662258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALENTINE, RENFORD
335 N.W. 152ND LANE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

VALENTINE, RENFORD
3995 SW 139 AVE
DAVIE, FL 33330 US

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: RENFORD VALENTINE 03/16/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARRIETTA, ASTRID
Address: 335 N.W. 152ND LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete
Name: VALENTINE, RENFORD
Address: 335 N.W. 152ND LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PTD (X) Delete
Name: ARRIETTA, ASTRID
Address: 335 NW 152ND LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPSD (X) Delete
Name: VALENTINE, RENTFORD
Address: 335 NW 152ND LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SOT (X) Delete
Name: MCMAHAN, JENNIFER
Address: 15450 NEW BARN RD., #106
City-St-Zip: MIAMI LAKES, FL 33014

Title: SST (X) Delete
Name: FRAZER, LESLIE A
Address: 15450 NEW BARN RD., #106
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: ARRIETTA, ASTRID
Address: 3995 SW 139 AVE
City-St-Zip: DAVIE, FL 33330

Title: VDS (X) Change ( ) Addition
Name: VALENTINE, RENFORD
Address: 3995 SW 139 AVE
City-St-Zip: DAVIE, FL 33330

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTRID ARRIETA P 03/16/2005
Electronic Signature of Signing Officer or Director Date