2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 09, 2004 Secretary of State

Entity Name: PHYSICAL THERAPY ASSOCIATES OF ORANGE PARK, P.A.

Current Principal Place of Business: New Principal Place of Business: 1550 BUSINESS CENTER DR., STE. B. ORANGE PARK, FL 32003 **Current Mailing Address: New Mailing Address:** 1550 BUSINESS CENTER DR., STE. B. ORANGE PARK, FL 32003 FEI Number: 59-3608689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLIER, EDWARD N 1550 BUŚINESS CENTER DR., STE. B ORANGE PARK, FL 32003 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COLLIER, ARTHUR J Name: Name: 4837 KING RICHARD RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COLLIER, EDWARD N Name: 2130 SALT MYRTLE LN. Address: Address: ORANGE PARK, FL 32073 City-St-Zip: 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: EDWARD N. COLLIER D 01/09/2004