2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# 703628

Entity Name: C C C PHYSICAL THERAPY CENTER, INC.

Current Principal Place of Business:

300 WEST MERRITT AVENUE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

300 WEST MERRITT AVENUE
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-0976184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAHANEY, MONICA
464 MONITOR STREET
MERRITT ISLAND, FL 32952 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: VPT ( ) Delete
Name: WILKINS, KAREN
Address: 1330 OAK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: PT ( ) Delete
Name: LEWIS, JOHN
Address: 364 MYRTLEWOOD ROAD
City-St-Zip: MELBOURNE, FL 32940

Title: ST ( ) Delete
Name: FERNANDEZ, BRENDA
Address: 2535 VIA VICTORIA CT.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TTR ( ) Delete
Name: ROAD, KAREN
Address: 4155 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ADM ( ) Delete
Name: MAHANEY, MONICA
Address: 464 MONITOR ST.
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: WILKINS, KAREN
Address: 1330 OAK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VPT (X) Change ( ) Addition
Name: TEARLE, DEBRA SUE
Address: 732 WHITE PINE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST (X) Change ( ) Addition
Name: FERNANDEZ, BRENDA
Address: 2535 VIA VITTORIA CT.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TTR (X) Change ( ) Addition
Name: ROOD, KAREN
Address: 4155 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

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: KAREN WILKINS PT 04/16/2004

Electronic Signature of Signing Officer or Director — Date