

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561384

**FILED**  
**Feb 02, 2005**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY AND REHABILITATION CLINIC, INC.

**Current Principal Place of Business:**

SUITE 13  
2140 KINGSLEY AVE.  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

SUITE 5  
2140 KINGSLEY AVE.  
ORANGE PARK, FL 32073

**Current Mailing Address:**

SUITE 13  
2140 KINGSLEY AVE.  
ORANGE PARK, FL 32073

**New Mailing Address:**

SUITE 5  
2140 KINGSLEY AVE.  
ORANGE PARK, FL 32073

**FEI Number:** 59-1802009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISAAC, FRED C.  
2468 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WELDON, DAN. W.,  
Address: 2140 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL

Title: VP ( ) Delete  
Name: WELDON, JUSTIN C  
Address: 2140 KINGSLEY AVENUE SUITE 13  
City-St-Zip: ORANGE PARK, FL 32073 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WELDON, DAN. W.,  
Address: 2140 KINGSLEY AVENUE SUITE 5  
City-St-Zip: ORANGE PARK, FL

Title: VP (X) Change ( ) Addition  
Name: WELDON, JUSTIN C  
Address: 2140 KINGSLEY AVENUE SUITE 5  
City-St-Zip: ORANGE PARK, FL 32073 US

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: DAN W. WELDON

PD

02/02/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date