

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90994 027 \*\*\*150.00

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**DOCUMENT # F39051**

1. Entity Name  
**PHYSICAL THERAPY SPECIALTIES, INC.**



Principal Place of Business  
**229 E. RIVER PARK DR.  
JUPITER FL 33477**

Mailing Address  
**229 E. RIVER PARK DR.  
JUPITER FL 33477**



2. Principal Place of Business  
**# 104**

3. Mailing Address  
**10803 WHARTON WAY**

4. FEI Number  
**59-2101331**

City & State  
**PALM BE. GARDENS**

City & State  
**WEST PALM BE, FL**

Zip  
**33410**

Country  
**PB**

Zip  
**33412**

Country  
**PB**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RUBIN, MARY JO**  
**229 E RIVER PARK DR**  
**JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10803 WHARTON WAY**  
**WEST PALM BE, FL**  
City  
**FL** Zip Code  
**33412**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Jo Rubin, Pres. DATE 4/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUBIN, MARY-JO W.</b> <b>229 E RIVER PARK DR</b> <b>JUPITER FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>RUBIN, DAVID J.</b> <b>229 E RIVER PARK DR</b> <b>JUPITER FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10803 WHARTON WAY</b> <b>WPB, FL 33412</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10803 WHARTON WAY</b> <b>WPB, FL 33412</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Jo Rubin DATE: 4/28/03 DAYTIME PHONE #: 561-776-4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)