2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# F48214

Entity Name: NORTH DADE PHYSICAL THERAPY, INC.

Current Principal Place of Business:

18690 N.W. 2ND AVENUE
MIAMI, FL 331694508

New Principal Place of Business:

Current Mailing Address:

3850 SHERIDAN ST.
HOLLYWOOD, FL 330213634

New Mailing Address:

FEI Number: 59-2126906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES M. SHAPIRO
18690 N.W. 2ND AVENUE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

CHARLES, SHAPIRO M PRES.
18690 N.W. 2ND AVENUE
MIAMI, FL 33169 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: CHARLES M. SHAPIRO 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHAPIRO, CHARLES M.,
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: SHAPIRO, ANNA B.,
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL

Title: T (X) Delete
Name: SHAPIRO, ANNA B.,
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHAPIRO, CHARLES M PRES.
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL

Title: ST (X) Change ( ) Addition
Name: SHAPIRO, ANNA B ST
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL

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: CHARLES M. SHAPIRO, PRES. PD 04/19/2004
Electronic Signature of Signing Officer or Director Date