

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48214

FILED
Apr 13, 2005
Secretary of State

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, SHAPIRO M PRES.
18690 N.W. 2ND AVENUE
MIAMI, FL 33169 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: SHAPIRO, CHARLES M PRES.
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL

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

Title: () Delete
Name:
Address:
City-St-Zip:

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 33169

Title: ST (X) Change () Addition
Name: SHAPIRO, ANNA B ST
Address: 18690 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: VP () Change (X) Addition
Name: SHAPIRO, KAREN S VP
Address: 18690 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

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

04/13/2005

Electronic Signature of Signing Officer or Director

Date