2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # H01387

1. Entity Name
PHYSICAL THERAPY ASSOCIATES, P.A. IRA M. FIEBERT, PH.D., P.T. CRAIG H. PAHL, M.H.S., P.T. EDWARD

Principal Place of Business	Mailing Address
6280 SUNSET DRIVE #606 MIAMI, FL 33143	6280 SUNSET DRIVE #606 MIAMI, FL 33143

01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2410767
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAHL, CRAIG H.
18132 SW 82ND CT
MIAMI, FL 33157

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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 _____ DATE
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAHL, CRAIG H.
STREET ADDRESS	18132 SW 82 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	VTS
NAME	FIEBERT, IRA M.
STREET ADDRESS	8297 BRIDLE PATH
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	CORREIA, JR E
STREET ADDRESS	18300 SW 86 AVE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	V
NAME	MAGILL, RITA
STREET ADDRESS	1305 SW 107 TERR
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/04-80062-012 150.00

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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: _____ VP 2/22/04 305-662-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IRA M. Fiebert