2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# H01387

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

Current Principal Place of Business:

6280 SUNSET DRIVE #606
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6280 SUNSET DRIVE #606
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-2410767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PAHL, CRAIG H
18132 SW 82ND CT
MIAMI, FL 33157 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: CRAIG PAHL 02/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAHL, CRAIG H.,
Address: 18132 SW 82 COURT
City-St-Zip: MIAMI, FL

Title: VTS ( ) Delete
Name: FIEBERT, IRA M.,
Address: 8297 BRIDLE PATH
City-St-Zip: BOCA RATON, FL

Title: V (X) Delete
Name: CORREIA, JR E
Address: 18300 SW 86 AVE
City-St-Zip: MIAMI, FL 33157

Title: V ( ) Delete
Name: MAGILL, RITA
Address: 1305 SW 107 TERR
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CRAIG H. PAHL P 02/21/2005
Electronic Signature of Signing Officer or Director Date